EXHIBIT 6
DATE 2/11/09
HB 29

Montana Nurses Association

20 Old Montana State Highway ● Clancy, MT 59634
(406) 442-6710 Voice ● (406) 442-1841 Fax

February 2, 2009

Re: Support for HB 309 -- Public health nursing service for foster children

Mr. Chairman and Members of the Committee:

Thank you for this opportunity to testify in support of HB 309.

Children enter foster care due to experiences that have been harmful to their health and well-being, including child abuse and neglect. These children have significantly higher rates of all health problems than the general population of children, including acute and chronic illnesses, growth and developmental problems, serious mental health problems, and difficulties accessing health services. In fact, children in foster care are more at risk of poor health compared to any other group of children in the United States.

Foster children often experience multiple placements and become involved in multiple systems of care (e.g., mental health, juvenile justice, special education). Many age-out of foster care at age 18 before they are developmentally ready for independent living.

While management of the complex health and developmental needs of these children is challenging, nurses in public health have the expertise to serve these vulnerable children. Through home visiting programs, public health nurses provide care coordination and collaboration with the many health and other disciplines serving these children. We know that many families lack knowledge about parenting skills and have an inadequate support system of friends, extended family, or professionals to help them regarding child rearing.

In a recent policy statement[1], the American Academy of Pediatrics reaffirmed its support for home-based parenting education, stating, "When these services are part of a system of high-quality well-child care linked or integrated with the pediatric medical home, they have the potential to mitigate health and developmental outcome disparities."

Home-visiting programs offer a way to ensure that at-risk families have social support, linkage with public and private community services, and ongoing health, developmental, and safety education. Families welcome nurse home visitors because of their ability to identify and intervene with medical issues. Nurse-based home-visiting programs tend to have better staff retention compared with others that employ paraprofessionals, perhaps contributing to program effectiveness. Additionally, public health nurses are skilled in

[1] PEDIATRICS Vol. 123 No. 2 February 2009, pp. 598-603 (doi:10.1542/peds.2008-3607]

the maintenance of adequate, up-to-date health records; vigorous follow-up; and health-targeted advocacy. They are familiar with established systems for tracking immunizations, as an example, so that foster children are not repeatedly immunized against the same disease. [WZARD is used by DPHHS and local public health agencies.]They are able to establish good relationships with foster parents and the foster care system to ensure that these children reach adulthood well prepared physically and emotionally.

Let me tell you about JIMMY, a young mixed race child placed in foster care with a friend of mine. At nine months, JIMMY had already been in two foster homes. Their alcoholic birth mother abandoned him and his sister. JIMMY exhibited failure to thrive, was thought to be allergic to milk, and had been placed on soymilk prior to being placed with my friend. He continued to have diarrhea and failed to gain weight. He was constantly whining and crying and was difficult to care for. A public health nurse who visited JIMMY and his foster mother assessed his physical and developmental condition, and made recommendations to the foster mother. Through regular public health nursing visits, and the nurse's communications with JIMMY'S pediatrician, it was determined that not only was JIMMY allergic to milk products (cheese, ice cream, etc.), he was allergic to soy products, most types of nuts, and other foods. Through public health nursing intervention, JIMMY's foster mother learned to choose foods that JIMMY could eat and those that would meet his nutritional requirements. At age five, JIMMY is an active, healthy boy who communicates his allergies to others ["You know I can't eat ice cream!!] and readily accepts having his breakfast cereal with juice, rather than milk.

Summary

Children enter foster care due to experiences that have been harmful to their health and well-being, including child abuse and neglect. These children have significantly higher rates of all health problems than the general population of children, including acute and chronic illnesses, growth and developmental problems, serious mental health problems, and difficulties accessing health services. <u>In fact, children in foster care are more at risk of poor health compared to any other group of children in the United States.</u>

Foster children often experience multiple placements and become involved in multiple systems of care (e.g., mental health, juvenile justice, special education). While management of the complex health and developmental needs of these children is challenging, nurses in public health have the expertise to serve these vulnerable children. Through home visiting programs, public health nurses provide care coordination and collaboration with the many disciplines serving these children. We know that many families lack knowledge about parenting skills and have an inadequate support system of friends, extended family, or professionals to help them regarding child rearing.

Home-visiting programs offer a way to ensure that at-risk families have social support, linkage with public and private community services, and ongoing health, developmental, and safety education. Families welcome nurse home visitors because of their ability to identify and intervene with medical issues. Additionally, public health nurses are skilled in the maintenance of adequate, up-to-date health records; vigorous follow-up; and health-targeted advocacy.

Montana Nurses Association
Robert Allen
Executive Director
(406) 442-6710
Robert@mtnurses.org

EXHIBIT 6
DATE 2/11/09
HB 309

Child and Family Services Review

State of Montana
Dept of Public Health & Human Services
Child and Family Services Division

Statewide Assessment
May 2008

As Submitted to:

Children's Bureau
Administration on Children, Youth and Families
Administration for Children and Families
U.S. Department of Health and Human Services

State of Montana
Statewide Assessment 2008

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Section I – General Information

Name of State Agency	
State of Montana *Department of Public Health and Human Services* *Child and Family Services Division*	
Period Under Review	
Onsite Review Sample Period: **April 1, 2007- September 30, 2007 Foster Care** **April 1, 2007 - November 30, 2007 In-Home** Period of AFCARS Data: **April 1, 2006 – March 31, 2007** Period of NCANDS Data (or other approved source; please specify if alternative data source is used): **April 1, 2006 – March 31, 2007**	
State Agency Contact Person for the Statewide Assessment	
Name:	a) **Liz Harter** b) **Gail Clifford**
Title:	a) **Chief, CFSD Program Bureau** b) **CFSR Coordinator**
Address:	**P O Box 8005**
	1400 Broadway
	Helena, Montana 59604
Phone:	(406) 444-5900
Fax:	(406) 444-5956
E-mail:	lharter@mt.gov; gclifford@mt.gov

State of Montana
Statewide Assessment 2008

Section I – General Information

Montana is a large state with a small population, less than one million. Much of the state is rural and travel between locations and to available services can be lengthy for workers and for families. There are only about 7 large metropolitan areas. Billings is the largest with a population of approximately 100,000. The Division is administered from **five geographical regions** across the state (Eastern, North Central, South Central, Southwestern, and Western) which all report to the central state office in Helena. Regional offices are located in Miles City, Great Falls, Billings, Helena and Missoula, respectively.

There are **twelve Indian Tribes** on 7 reservations: Ft Peck (Assiniboine and Sioux), Blackfeet, Rocky Boy (Chippewa and Cree), Ft Belknap (Assiniboine and Gros Ventre), Crow, Northern Cheyenne, Flathead (Salish, Pend d'Oreille, and Kootenai). Montana also has one landless tribe, the Little Shell Band of Chippewa Indians, which has received provisional federal recognition.. In all areas of the state, our staff work closely with the Tribes on a regular basis to assist them in using the CAPS system, and to assist them as needed in other areas of concern. Tribal Social Services staff are notified of all training opportunities and attend annual policy training alongside Division staff. They are also provided MCAN training (Montana's training for new workers) as needed.

Montana's Department of Public Health and Human Services (DPHHS) is legislated to provide protective services to ensure the health, welfare, and safety of children who are in danger of abuse, neglect, or abandonment within communities and to act as the lead agency in coordinating and planning services to children with multi-agency service needs. The **Child and Family Services Division** (CFSD), a part of the Department of Public Health and Human Services (DPHHS), is designated by statute as the agency responsible for the protection of children who are abandoned, neglected or abused and is specifically charged with the duty to respond to reports of child abuse or neglect and to provide protective services when necessary, including the authority to take temporary or permanent legal custody of a child when ordered to do so by the court. If a child is determined to be in imminent danger, CFSD is authorized to remove the child to an emergency placement. The Division then must file a petition to the Court within 5 days and an ex parte order of immediate protection issued. The **division provides** child protective services to children and families; licenses family foster homes, child placing agencies and adoption agencies; and provides adoption services to children in the custody of the State of Montana.

In addition, the department is legislated to establish a system of councils at the state and local levels to make recommendations and to advise the department on children's issues, (MCA 52-1-103). CFSD has **citizen advisory councils in each of 5 regions and at the State level** that meet regularly and provide consultation in the development of work plans, policy and practice. Working with stakeholders at all levels is an ongoing activity in communities throughout the state.

Montana statute recognizes the primacy of the family in the child's life by requiring that the Department place with family members whenever possible. The Division's **mission** is to "keep children safe and families strong." Underlying the mission is the belief that families are part of communities and that communities provide the best opportunity to support and nurture them. The programs administered by the division must protect and honor the strengths of families as well as respect the community's central role.

The Department's authority to intervene in people's lives is wholly statutory. Thus, the Department must strictly adhere to the specific requirements of the statutes in providing protective services to children in need of such care. Unless services are provided with the agreement of the parent, the court must

authorize or approve the actions taken by DPHHS to protect the child. **Montana statute requires a "preponderance of evidence"** to establish that the child is or has been abused, neglected or abandoned. The Department has statutory authority to provide three categories of protective services: voluntary protective services (see Item 3), emergency protective services, and court-ordered protective services.

Montana's focus for **in-home/reunification services** is two-faceted: 1) to divert children from entering the foster care system, and 2) to reduce the duration of stay in foster care. In-home/reunification services are services delivered to a family to ameliorate conditions that may lead to a removal of a child from his or her home due to abuse or neglect; but these services are also used to improve the safety concerns in a family whose children have been removed so that the children may safely be reunited. In most areas of the state, in-home/reunification services are provided through contracted services (see Item 3), but in recent years, some areas of the state (Great Falls, Havre, Butte, and Miles City) now have CFSD child protection specialists 'in-house' providing in-home services.

After the CFSR in 2002, CFSD established the "Program Improvement Group" to complete, implement and monitor the requirements of the Program Improvement Plan. Several changes in policy and practice that were outcomes of the PIP are noted throughout this document. **Program improvement** is now monitored in several different ways. Randomly selected peer case file reviews of both foster care and in-home/reunification cases are now conducted on a regular basis using a tool that is nearly identical to the CFSR Onsite Review Tool. To date, 229 case file reviews have been conducted since October 2005. Results of the reviews are posted online for all CFSD management and central office employees. Montana now contracts for a Results Oriented Management (ROM) system that calculates the same measures used in the Federal data profiles provided to states. This system enables managers to watch throughout the year for trends and anomalies in the data measures and to identify specific workers who may need additional training or supervision. Weekly 'data dumps' from our SACWIS system, CAPS, keep the ROM data current. In addition, standardized CAPS Reports are summarized monthly for review by the Management Team

In preparing this document, several different vehicles were used to obtain **input from stakeholders** and community members. A Child Welfare System survey was widely distributed over several months both at the State level and at local levels, e.g., at the Legal Summit, the Foster/Adoptive Parent Association meeting, the annual ICWA meeting, Legislative Interim Committee meetings, local meetings with Court personnel, In-Home Service providers, advisory councils and youth meetings. In addition to the survey, our local advisory councils held special meetings in their communities to gather input from community members. Summaries of local meetings held periodically with court personnel, Tribal partners, in-home/reunification service providers, foster/ adoptive parents, and youth are regularly provided to the state office. To obtain input from our field staff, all social work supervisors met with their workers to discuss specified key points of the assessment tool and then a special session was held at the quarterly Supervisor's meeting to share those field worker perspectives and approaches to improving outcomes for children.

More detail is provided in the following discussions.

Section II – Safety and Permanency Data

CHILD SAFETY PROFILE	Fiscal Year 2006ab						12-Month Period Ending 03/31/2007						Fiscal Year 2007ab (Not yet submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
I. Total CA/N Reports Disposed[1]	8,737		14,171		10,974		8,404		13,747		10,756							
II. Disposition of CA/N Reports[3]																		
Substantiated & Indicated	1,090	12.5	1,775	12.5	1,674	15.2	1,072	12.8	1,779	12.9	1,676	15.6						
Unsubstannated	6,638	76.0	10,864	76.7	8,284	75.5	6,408	76.2	10,583	77.0	8,103	75.3						
Other	1,009	11.6	1,532	10.8	1,016	9.3	924	11	1,385	10.1	977	9.1						
III. Child Victim Cases Opened for Post-Investigation Services[4]			934	52.6	876	52.3			872	49	816	48.7						
IV. Child Victims Entering Care Based on CA/N Report[5]			782	44.1	730	43.6			718	40.4	674	40.2						
V. Child Fatalities Resulting from Maltreatment[6]					1	0.1					2	0.1						
STATEWIDE AGGREGATE DATA USED TO DETERMINE SUBSTANTIAL CONFORMITY																		
VI. Absence of Maltreatment Recurrence[7] [Standard: 94.6% or more)					851 of 900	94.6					802 of 838	95.7						
VII. Absence of Child Abuse and/or Neglect in Foster Care[8] (12 months) [standard 99.68% or more]					3,289 of 3,300	99.67					3,156 of 3,162	99.81						

Additional Safety Measures For Information Only (no standards are associated with these):

	Fiscal Year 2006ab						12-Month Period Ending 03/31/2007						Fiscal Year 2007ab (Not yet submitted)					
	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%	Hours				Unique Childn.[2]	%
VIII. Median Time to Investigation in Hours (Child File)[9]	>24, but <48						>48, but <72											
IX . Mean Time to Investigation in Hours (Child File)[10]	204[A]						221[A]											
X. Mean Time to Investigation in Hours (Agency File)[11]																		
XI. Children Maltreated by Parents While in Foster Care.[12]					39 of 3,300	1.18					42 of 3,162	1.33						

CFSR Round One Safety Measures to Determine Substantial Conformity (Used primarily by States completing Round One Program Improvement Plans, but States may also review them to compare to prior performance)

	Fiscal Year 2006ab						12-Month Period Ending 03/31/2007						Fiscal Year 2007ab (Not yet submitted)					
	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%	Reports	%	Duplic. Childn.[2]	%	Unique Childn.[2]	%
XII. Recurrence of Maltreatment[13] [Standard: 6.1% or less)					49 of 900	5.4					36 of 838	4.3						
XIII. Incidence of Child Abuse and/or Neglect in Foster Care[14] (9 months) [standard 0.57% or less]					4 of 3,008	0.13					2 of 2,808	0.07						

NCANDS data completeness information for the CFSR			
Description of Data Tests	Fiscal Year 2006ab	12-Month Period Ending 03/31/2007	Fiscal Year 2007ab (Not yet submitted)
Percent of duplicate victims in the submission [At least 1% of victims should be associated with multiple reports (same CHID). If not, the State would appear to have frequently entered different IDs for the same victim. This affects maltreatment recurrence]	5.50	5.73	
Percent of victims with perpetrator reported [File must have at least 75% to reasonably calculate maltreatment in foster care]*	92.80	92.28	
Percent of perpetrators with relationship to victim reported [File must have at least 75%]*	99.74	99.55	
Percent of records with investigation start date reported [Needed to compute mean and median time to investigation]	100	100	
Average time to investigation in the Agency file [PART measure]	Not reported	Not reported	
Percent of records with AFCARS ID reported in the Child File [Needed to calculate maltreatment in foster care by the parents; also. All Child File records should now have an AFCARS ID to allow ACF to link the NCANDS data with AFCARS. This is now an all-purpose unique child identifier and a child **does not have to be in foster care to have this ID**]	100	100	

*States should strive to reach 100% in order to have confidence in the absence of maltreatment in foster care measure.

FOOTNOTES TO DATA ELEMENTS IN CHILD SAFETY PROFILE

Each maltreatment allegation reported to NCANDS is associated with a disposition or finding that is used to derive the counts provided in this safety profile. The safety profile uses three categories. The various terms that are used in NCANDS reporting have been collapsed into these three groups.

Disposition Category	Safety Profile Disposition	NCANDS Maltreatment Level Codes Included
A	Substantiated or Indicated (Maltreatment Victim)	"Substantiated," "Indicated," and "Alternative Response Disposition Victim"
B	Unsubstantiated	"Unsubstantiated" and "Unsubstantiated Due to Intentionally False Reporting"
C	Other	"Closed-No Finding," "Alternative Response Disposition – Not a Victim," "Other," "No Alleged Maltreatment," and "Unknown or Missing"

Alternative Response was added starting with the 2000 data year. The two categories of Unsubstantiated were added starting with the 2000 data year. In earlier years there was only the category of Unsubstantiated. The disposition of "No alleged maltreatment" was added for FYY 2003. It primarily refers to children who receive an investigation or assessment because there is an allegation concerning a sibling or other child in the household, but not themselves, AND whom are not found to be a victim of maltreatment. It applies as a Maltreatment Disposition Level but not as a Report Disposition code because the Report Disposition cannot have this value (there must have been a child who was found to be one of the other values.)

Starting with FFY 2003, the data year is the fiscal year.

Starting with FFY2004, the maltreatment levels for each child are used consistently to categorize children. While report dispositions are based on the field of report disposition in NCANDS, the dispositions for duplicate children and unique children are based on the maltreatment levels associated with each child. A child victim has at least one maltreatment level that is coded "substantiated," "indicated," or "alternative response victim." A child classified as unsubstantiated has no maltreatment levels that are considered to be victim levels and at least one maltreatment level that is coded "unsubstantiated" or "unsubstantiated due to intentionally false reporting." A child classified as "other" has no maltreatment levels that are considered to be victim levels and none that are considered to be unsubstantiated levels. If a child has no maltreatments in the record, and report has a victim disposition, the child is assigned to "other" disposition. If a child has no maltreatments in the record and the report has either an unsubstantiated disposition or an "other" disposition, the child is counted as having the same disposition as the report disposition.

1. The data element, "Total CA/N Reports Disposed," is based on the reports received in the State that received a disposition in the reporting period under review. The number shown may include reports received during a previous year that received a disposition in the reporting year. Counts based on "reports," "duplicated counts of children," and "unique counts of children" are provided.

2. The duplicated count of children (report-child pairs) counts a child each time that (s)he was reported. The unique count of children counts a child only once during the reporting period, regardless of how many times the child was reported.

3. For the column labeled "Reports," the data element, "Disposition of CA/N Reports," is based on upon the highest disposition of any child who was the subject of an investigation in a particular report. For example, if a report investigated two children, and one child is found to be neglected and the other child found not to be maltreated, the report disposition will be substantiated (Group A). The disposition for each child is based on the specific finding related to the maltreatment(s). In other words, of the two children above, one is a victim and is counted under "substantiated" (Group A) and the other is not a victim and is counted under "unsubstantiated" (Group B). In determining the unique counts of children, the highest finding is given priority. If a child is found to be a victim in one report (Group A), but not a victim in a second report (Group B), the unique count of children includes the child only as a victim (Group A). The category of "other" (Group C) includes children whose report may have been "closed without a finding," children for whom the allegation disposition is "unknown," and other dispositions that a State is unable to code as substantiated, indicated, alternative response victim, or unsubstantiated.

4. The data element, "Child Cases Opened for Services," is based on the number of victims (Group A) during the reporting period under review. "Opened for Services" refers to post-investigative services. The duplicated number counts each time a victim's report is linked to on-going services; the unique number counts a victim only once regardless of the number of times services are linked to reports of substantiated maltreatment.

5. The data element, "Children Entering Care Based on CA/N Report," is based on the number of victims (Group A) during the reporting period under review. The duplicated number counts each time a victim's report is linked to a foster care removal date. The unique number counts a victim only once regardless of the number of removals that may be reported.

6. The data element "Child Fatalities" counts the number of children reported to NCANDS as having died as a result of child abuse and/or neglect. Depending upon State practice, this number may count only those children for whom a case record has been opened either prior to or after the death, or may include a number of children whose deaths have been investigated as possibly related to child maltreatment. For example, some States include neglected-related deaths such as those caused by motor vehicle or boating accidents, house fires or access to firearms, under certain circumstances. The percentage is based on a count of unique victims of maltreatment for the reporting period.

7. The data element "Absence of Recurrence of Maltreatment" is defined as follows: Of all children who were victims of substantiated or indicated maltreatment allegation during the first 6 months of the reporting period, what percent were not victims of another substantiated or indicated maltreatment allegation within a 6-month period. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect").

8. The data element "Absence of Child Abuse/or Neglect in Foster Care" is defined as follows: Of all children in foster care during the reporting period, what percent were not victims of substantiated or indicated maltreatment by foster parent of facility staff member. This data element is used to determine the State's substantial conformity with CFSR Safety Outcome #1 ("Children are, first and foremost, protected from abuse and neglect"). A child is counted as not having been maltreated in foster care if the perpetrator of the maltreatment was not identified as a foster parent or residential facility staff. Counts of children not maltreated in foster care are derived by subtracting NCANDS count of children maltreated by foster care providers from AFCARS count of children placed in foster care. The observation period for this measure is 12 months. The number of children not found to be maltreated in foster care and the percentage of all children in foster care are provided.

9. Median Time to Investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24.

10. Mean Time to investigation in hours is computed from the Child File records using the Report Date and the Investigation Start Date (currently reported in the Child File in mmddyyyy format). The result is converted to hours by multiplying by 24. Zero days difference (both dates are on the same day) is reported as "under 24 hours", one day difference (investigation date is the next day after report date) is reported as "at least 24 hours, but less than 48 hours", two days difference is reported as "at least 48 hours, but less than 72 hours", etc.

11. Average response time in hours between maltreatment report and investigation is available through State NCANDS Agency or SDC File aggregate data. "Response time" is defined as the time from the receipt of a report to the time of the initial investigation or assessment. Note that many States calculate the initial investigation date as the first date of contact with the alleged victim, when this is appropriate, or with another person who can provide information essential to the disposition of the investigation or assessment.

12. The data element, "Children Maltreated by Parents while in Foster Care" is defined as follows: Of all children placed in foster care during the reporting period, what percent were victims of substantiated or indicated maltreatment by parent. This data element requires matching NCANDS and AFCARS records by AFCARS IDs. Only unique NCANDS children with substantiated or indicated maltreatments and perpetrator relationship "Parent" are selected for this match. NCANDS report date must fall within the removal period found in the matching AFCARS record.

13. The data element, "Recurrence of Maltreatment," is defined as follows: Of all children associated with a "substantiated" or "indicated" finding of maltreatment during the first six months of the reporting period, what percentage had another "substantiated" or "indicated" finding of maltreatment within a 6-month period. The number of victims during the first six-month period and the number of these victims who were recurrent victims within six months are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #1 for CFSR Round One.

14. The data element, "Incidence of Child Abuse and/or Neglect in Foster Care," is defined as follows: Of all children who were served in foster care during the reporting period, what percentage were found to be victims of "substantiated" or "indicated" maltreatment. A child is counted as having been maltreated in foster care if the perpetrator of the maltreatment was identified as a foster parent or residential facility staff. Counts of children maltreated in foster care are derived from NCANDS, while counts of children placed in foster care are derived from AFCARS. The observation period for these measures is January-September because this is the reporting period that was jointly addressed by both NCANDS and AFCARS at the time when NCANDS reporting period was a calendar year. The number of children found to be maltreated in foster care and the percentage of all children in foster care are provided. This data element was used to determine the State's substantial conformity with Safety Outcome #2 for CFSR Round One.

Additional Footnotes

A. All reports in Montana are now received through the Centralized Intake Unit. All reports received by Centralized Intake where there is an injury to a child which requires immediate assessment/investigation are called immediately to the appropriate field offices for assessment/investigation and these require assessment/investigation within 24 hours. All other CPS reports requiring further assessment/investigation are sent to the field within 8 hours of receipt by Centralized Intake.

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Foster Care Population Flow						
Children in foster care on first day of year[1]	2,148		2,128		1,909	
Admissions during year	1,152		1,034		1,080	
Discharges during year	1,281		1,299		1,223	
Children discharging from FC in 7 days or less (These cases are excluded from length of stay calculations in the composite measures)	136	10.6% of the discharges	121	9.3% of the discharges	115	9.4% of the discharges
Children in care on last day of year	2,019		1,863		1,766	
Net change during year	-129		-265		-143	
II. Placement Types for Children in Care						
Pre-Adoptive Homes	14	0.7	11	0.6	9	0.5
Foster Family Homes (Relative)	656	32.5	575	30.9	503	28.5
Foster Family Homes (Non-Relative)	918	45.5	889	47.7	872	49.4
Group Homes	215	10.6	240	12.9	221	12.5
Institutions	42	2.1	54	2.9	38	2.2
Supervised Independent Living	13	0.6	8	0.4	5	0.3
Runaway	10	0.5	7	0.4	9	0.5
Trial Home Visit	151	7.5	79	4.2	109	6.2
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent year)	0	0.0	0	0.0	0	0.0
III. Permanency Goals for Children in Care						
Reunification	1,229	60.9	1,110	59.6	1,059	60.0
Live with Other Relatives	60	3.0	53	2.8	48	2.7
Adoption	356	17.6	360	19.3	357	20.2
Long Term Foster Care	239	11.8	237	12.7	211	11.9
Emancipation	15	0.7	6	0.3	5	0.3
Case Plan Goal Not Established	42	2.1	26	1.4	18	1.0
Missing Goal Information	1	0.0	3	0.2	1	0.1

POINT-IN-TIME PERMANENCY PROFILE	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IV. Number of Placement Settings in Current Episode						
One	739	36.6	680	36.5	609	34.5
Two	501	24.8	487	26.1	484	27.4
Three	290	14.4	246	13.2	236	13.4
Four	154	7.6	137	7.4	139	7.9
Five	105	5.2	92	4.9	80	4.5
Six or more	230	11.4	221	11.9	218	12.3
Missing placement settings	0	0.0	0	0.0	0	0.0
V. Number of Removal Episodes						
One	1,411	69.9	1,243	66.7	1,177	66.6
Two	402	19.9	423	22.7	391	22.1
Three	128	6.3	126	6.8	118	6.7
Four	49	2.4	43	2.3	52	2.9
Five	13	0.6	14	0.8	14	0.8
Six or more	16	0.8	14	0.8	14	0.8
Missing removal episodes	0	0.0	0	0.0	0	0.0
VI. Number of children in care 17 of the most recent 22 months[2] (percent based on cases with sufficient information for computation)	296	34.3	298	37.6	305	37.4
VII. Median Length of Stay in Foster Care (of children in care on last day of FY)	16.4		17.2		17.4	

VIII. Length of Time to Achieve Perm. Goal	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge	# of Children Discharged	Median Months to Discharge
Reunification	774	6.0	775	7.0	743	6.9
Adoption	268	28.3	288	29.4	248	29.3
Guardianship	84	25.1	108	21.9	87	18.8
Other	115	41.3	125	56.0	112	44.9
Missing Discharge Reason (footnote 3, page 16)	40	6.0	3	7.7	33	5.2
Total discharges (excluding those w/ problematic dates)	1,281	12.0	1,299	15.2	1,223	15.2
Discharges problematic (footnote 4, page 16)	N/A		0	N/A	0	N/A

Statewide Aggregate Data Used in Determining Substantial Conformity: Composites 1 through 4			
	Federal FY 2006ab	**12-Month Period Ending 03/31/2007**	**Federal FY 2007ab**
IX. Permanency Composite 1: Timeliness and Permanency of Reunification [standard: 122.6 or higher]. Scaled Scores for this composite incorporate two components	State Score = 108.2	State Score = 104.9	State Score = 99.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	33 of 47	37 of 47	40 of 47
Component A: Timeliness of Reunification The timeliness component is composed of three timeliness individual measures.			
Measure C1 - 1: Exits to reunification in less than 12 months: Of all children discharged from foster care to reunification in the year shown, who had been in foster care for 8 days or longer, what percent was reunified in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 69.9%, 75th percentile = 75.2%**]	73.1%	67.0%	64.6%
Measure C1 - 2: Exits to reunification, median stay: Of all children discharged from foster care (FC) to reunification in the year shown, who had been in FC for 8 days or longer, what was the median length of stay (in months) from the date of the latest removal from home until the date of discharge to reunification? (This includes trial home visit adjustment) [**national median = 6.5 months, 25th Percentile = 5.4 months (lower score is preferable in this measure[B])**]	Median = 6.7 months	Median = 7.4 months	Median = 7.6 months
Measure C1 - 3: Entry cohort reunification in < 12 months: Of all children entering foster care (FC) for the first time in the 6 month period just prior to the year shown, and who remained in FC for 8 days or longer, what percent was discharged from FC to reunification in less than 12 months from the date of the latest removal from home? (Includes trial home visit adjustment) [**national median = 39.4%, 75th Percentile = 48.4%**]	41.0%	48.6%	45.5%
Component B: Permanency of Reunification The permanency component has one measure.			
Measure C1 - 4: Re-entries to foster care in less than 12 months: Of all children discharged from foster care (FC) to reunification in the 12-month period prior to the year shown, what percent re-entered FC in less than 12 months from the date of discharge? [**national median = 15.0%, 25th Percentile = 9.9% (lower score is preferable in this measure)**]	19.8%	18.5%	17.8%

	Federal FY 2006ab	12-Month Period Ending 03/31/2007	Federal FY 2007ab
X. Permanency Composite 2: Timeliness of Adoptions [standard: 106.4 or higher]. Scaled Scores for this composite incorporate three components.	State Score = 112.0	State Score = 125.7	State Score = 121.7
National Ranking of State Composite Scores (see footnote A on page 12 for details)	13 of 47	3 of 47	6 of 47
Component A: Timeliness of Adoptions of Children Discharged From Foster Care. There are two individual measures of this component. See below.			
Measure C2 - 1: Exits to adoption in less than 24 months: Of all children who were discharged from foster care to a finalized adoption in the year shown, what percent was discharged in less than 24 months from the date of the latest removal from home? [**national median = 26.8%, 75th Percentile = 36.6%**]	36.9%	32.6%	31.5%
Measure C2 - 2: Exits to adoption, median length of stay: Of all children who were discharged from foster care (FC) to a finalized adoption in the year shown, what was the median length of stay in FC (in months) from the date of latest removal from home to the date of discharge to adoption? [**national median = 32.4 months, 25th Percentile = 27.3 months(lower score is preferable in this measure)**]	Median = 28.3 months	Median = 29.4 months	Median = 29.3 months
Component B: Progress Toward Adoption for Children in Foster Care for 17 Months or Longer. There are two individual measures. See below.			
Measure C2 - 3: Children in care 17+ months, adopted by the end of the year: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer (and who, by the last day of the year shown, were not discharged from FC with a discharge reason of live with relative, reunify, or guardianship), what percent was discharged from FC to a finalized adoption by the last day of the year shown? [**national median = 20.2%, 75th Percentile = 22.7%**]	21.2%	25.7%	21.2%
Measure C2 - 4: Children in care 17+ months achieving legal freedom within 6 months: Of all children in foster care (FC) on the first day of the year shown who were in FC for 17 continuous months or longer, and were not legally free for adoption prior to that day, what percent became legally free for adoption during the first 6 months of the year shown? Legally free means that there was a parental rights termination date reported to AFCARS for both mother and father. This calculation excludes children who, by the end of the first 6 months of the year shown had discharged from FC to "reunification," "live with relative," or "guardianship." [**national median = 8.8%, 75th Percentile = 10.9%**]	16.0%	18.6%	22.0%
Component C: Progress Toward Adoption of Children Who Are Legally Free for Adoption. There is one measure for this component. See below.			
Measure C2 - 5: Legally free children adopted in less than 12 months: Of all children who became legally free for adoption in the 12 month period prior to the year shown (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged from foster care to a finalized adoption in less than 12 months of becoming legally free? [**national median = 45.8%, 75th Percentile = 53.7%**]	42.8%	46.2%	47.9%

	Federal FY 2006ab	12-Month Period Ending 03/31/2007	Federal FY 2007ab
XI. Permanency Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time [standard: 121.7 or higher]. Scaled Scores for this composite incorporate two components	State Score = 98.7	State Score = 97.8	State Score = 94.6
National Ranking of State Composite Scores (see footnote A on page 12 for details)	42 of 51	42 of 51	44 of 51
Component A: Achieving permanency for Children in Foster Care for Long Periods of Time. This component has two measures.			
Measure C3 - 1: Exits to permanency prior to 18th birthday for children in care for 24 + months. Of all children in foster care for 24 months or longer on the first day of the year shown, what percent was discharged to a permanent home prior to their 18th birthday and by the end of the fiscal year? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative). **[national median 25.0%, 75th Percentile = 29.1%]**	25.5%	31.6%	26.5%
Measure C3 - 2: Exits to permanency for children with TPR: Of all children who were discharged from foster care in the year shown, and who were legally free for adoption at the time of discharge (i.e., there was a parental rights termination date reported to AFCARS for both mother and father), what percent was discharged to a permanent home prior to their 18th birthday? A permanent home is defined as having a discharge reason of adoption, guardianship, or reunification (including living with relative) **[national median 96.8%, 75th Percentile = 98.0%]**	87.7%	89.4%	89.4%
Component B: Growing up in foster care. This component has one measure.			
Measure C3 - 3: Children Emancipated Who Were in Foster Care for 3 Years or More. Of all children who, during the year shown, either (1) were discharged from foster care prior to age 18 with a discharge reason of emancipation, or (2) reached their 18th birthday while in foster care, what percent were in foster care for 3 years or longer? **[national median 47.8%, 25th Percentile = 37.5% (lower score is preferable)]**	63.2%	72.0%	64.4%

	Federal FY 2006ab	12-Month Period Ending 03/31/2007	Federal FY 2007ab
XII. Permanency Composite 4: Placement Stability [national standard: 101.5 or higher]. Scaled scored for this composite incorporates **no components** but three individual measures (below)	State Score = 101.0	State Score = 103.1	State Score = 103.9
National Ranking of State Composite Scores (see footnote A on page 12 for details)	11 of 51	10 of 51	9 of 51
Measure C4 - 1) Two or fewer placement settings for children in care for less than 12 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 8 days but less than 12 months, what percent had two or fewer placement settings? [national median = 83.3%, 75th Percentile = 86.0%]	85.9%	87.4%	87.0%
Measure C4 - 2) Two or fewer placement settings for children in care for 12 to 24 months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 12 months but less than 24 months, what percent had two or fewer placement settings? [national median = 59.9%, 75th Percentile = 65.4%]	67.6%	67.2%	70.9%
Measure C4 - 3) Two or fewer placement settings for children in care for 24+ months. Of all children served in foster care (FC) during the 12 month target period who were in FC for at least 24 months, what percent had two or fewer placement settings? [national median = 33.9%, 75th Percentile = 41.8%]	38.2%	40.2%	39.2%

Special Footnotes for Composite Measures:

A. These National Rankings show your State's performance on the Composites compared to the performance of all the other States that were included in the 2004 data. The 2004 data were used for establishing the rankings because that is the year used in calculating the National Standards. The order of ranking goes from 1 to 47 or 51, depending on the measure. For example, "1 of 47" would indicate this State performed higher than all the States in 2004.

B. In most cases, a high score is preferable on the individual measures. In these cases, you will see the 75th percentile listed to indicate that this would be considered a good score. However, in a few instances, a low score is good (shows desirable performance), such as re-entry to foster care. In these cases, the 25th percentile is displayed because that is the target direction for which States will want to strive. Of course, in actual calculation of the total composite scores, these "lower are preferable" scores on the individual measures are reversed so that they can be combined with all the individual scores that are scored in a positive direction, where higher scores are preferable.

State of Montana
Statewide Assessment 2008

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
I. Number of children entering care for the first time in cohort group (% = 1st time entry of all entering within first 6 months)	468	73.8	371	73.3	355	67.4
II. Most Recent Placement Types						
Pre-Adoptive Homes	0	0.0	0	0.0	0	0.0
Foster Family Homes (Relative)	150	32.1	123	33.2	80	22.5
Foster Family Homes (Non-Relative)	202	43.2	166	44.7	178	50.1
Group Homes	33	7.1	34	9.2	36	10.1
Institutions	6	1.3	1	0.3	2	0.6
Supervised Independent Living	1	0.2	0	0.0	0	0.0
Runaway	0	0.0	2	0.5	1	0.3
Trial Home Visit	76	16.2	45	12.1	58	16.3
Missing Placement Information	0	0.0	0	0.0	0	0.0
Not Applicable (Placement in subsequent yr)	0	0.0	0	0.0	0	0.0
III. Most Recent Permanency Goal						
Reunification	434	92.7	337	90.8	330	93.0
Live with Other Relatives	10	2.1	10	2.7	9	2.5
Adoption	14	3.0	5	1.3	8	2.3
Long-Term Foster Care	4	0.9	12	3.2	5	1.4
Emancipation	0	0.0	0	0.0	0	0.0
Guardianship	4	0.9	5	1.3	2	0.6
Case Plan Goal Not Established	0	0.0	0	0.0	0	0.0
Missing Goal Information	2	0.4	2	0.5	1	0.3
IV. Number of Placement Settings in Current Episode						
One	289	61.8	224	60.4	212	59.7
Two	116	24.8	92	24.8	87	24.5
Three	43	9.2	42	11.3	42	11.8
Four	15	3.2	7	1.9	12	3.4
Five	4	0.9	5	1.3	1	0.3
Six or more	1	0.2	1	0.3	1	0.3
Missing placement settings	0	0.0	0	0.0	0	0.0

PERMANENCY PROFILE FIRST-TIME ENTRY COHORT GROUP (continued)	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
V. Reason for Discharge						
Reunification/Relative Placement	186	90.7	163	96.4	147	94.2
Adoption	1	0.5	0	0.0	0	0.0
Guardianship	3	1.5	3	1.8	8	5.1
Other	5	2.4	3	1.8	1	0.6
Unknown (missing discharge reason or N/A)	10	4.9	0	0.0	0	0.0
	Number of Months		Number of Months		Number of Months	
VI. Median Length of Stay in Foster Care	6.8		7.1		not yet determinable	

AFCARS Data Completeness and Quality Information (2% or more is a warning sign):

	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	N	As a % of Exits Reported	N	As a % of Exits Reported	N	As a % of Exits Reported
File contains children who appear to have been in care less than 24 hours	0	0.0 %	0	0.0 %	0	0.0 %
File contains children who appear to have exited before they entered	0	0.0 %	0	0.0 %	0	0.0 %
Missing dates of latest removal	0	0.0 %	0	0.0 %	0	0.0 %
File contains "Dropped Cases" between report periods with no indication as to discharge	105	8.2 %	2	0.2 %	37	3.0 %
Missing discharge reasons	40	3.1 %	3	0.2 %	33	2.7 %
	N	As a % of adoption exits	N	As a % of adoption exits	N	As a % of adoption exits
File submitted lacks data on Termination of Parental Rights for finalized adoptions	1	0.4 %	1	0.3 %	4	1.6 %
Foster Care file has different count than Adoption File of (public agency) adoptions (N= adoption count disparity).	3	1.1% more in the unofficial adoption file*	2	0.7% fewer in the unofficial adoption file*	19	7.7% fewer in the unofficial adoption file*
	N	Percent of cases in file	N	Percent of cases in file	N	Percent of cases in file
File submitted lacks count of number of placement settings in episode for each child	0	0.0 %	0	0.0 %	0	0.0 %

Note: These are CFSR Round One permanency measures. They are intended to be used primarily by States completing Round One Program Improvement Plans, but could also be useful to States in CFSR Round Two in comparing their current performance to that of prior years:

	Federal FY 2006ab		12-Month Period Ending 03/31/2007		Federal FY 2007ab	
	# of Children	% of Children	# of Children	% of Children	# of Children	% of Children
IX. Of all children who were reunified with their parents or caretakers at the time of discharge from foster care, what percentage was reunified in less than 12 months from the time of the latest removal for home? (4.1) **[Standard: 76.2% or more]**	571	73.8	512	66.1	473	63.7
X. Of all children who exited care to a finalized adoption, what percentage exited care in less than 24 months from the time of the latest removal from home? (5.1) **[Standard: 32.0% or more]**	99	36.9	94	32.6	78	31.5
XI. Of all children served who have been in foster care less than 12 months from the time of the latest removal from home, what percentage have had no more than two placement settings? (6.1) **[Standard: 86.7% or more]**	1,202	87.3	1,112	88.8	1,076	88.4
XII. Of all children who entered care during the year, what percentage re-entered foster care within 12 months of a prior foster care episode? (4.2) **[Standard: 8.6% or less]**	163	14.1 (73.5% new entry)	174	16.8 (69.7% new entry)	169	15.6 (68.8% new entry)

FOOTNOTES TO DATA ELEMENTS IN THE PERMANENCY PROFILE

[1]The FY 06, 06b07a , and FY 07 counts of children in care at the start of the year exclude 26 , 29 , and 37 children, respectively. They were excluded to avoid counting them twice. That is, although they were actually in care on the first day, they also qualify as new entries because they left and re-entered again at some point during the same reporting period. To avoid counting them as both "in care on the first day" and "entries," the Children's Bureau selects only the most recent record. That means they get counted as "entries," not "in care on the first day."

[2]We designated the indicator, *17 of the most recent 22 months,* rather than the statutory time frame for initiating termination of parental rights proceedings at *15 of the most 22 months*, since the AFCARS system cannot determine the *date the child is considered to have entered foster care* as defined in the regulation. We used the outside date for determining the *date the child is considered to have entered foster care*, which is 60 days from the actual removal date.

[3]This count only includes case records missing a discharge reason, but which have calculable lengths of stay. Records missing a discharge reason and with non-calculable lengths of stay are included in the cell "Dates are Problematic".

[4]The dates of removal and exit needed to calculate length of stay are problematic. Such problems include: 1) missing data, 2) faulty data (chronologically impossible), 3) a child was in care less than 1 day (length of stay = 0) so the child should not have been reported in foster care file, or 4) child's length of stay would equal 21 years or more. These cases are marked N/A = Not Applicable because no length of stay can legitimately be calculated.

[5]This First-Time Entry Cohort median length of stay was 6.8 in FY 06. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[6]This First-Time Entry Cohort median length of stay was 7.1 in 06b07a. This includes 0 children who entered and exited on the same day (who had a zero length of stay). Therefore, the median length of stay was unaffected by any 'same day' children.

[7]This First-Time Entry Cohort median length of stay is Not Yet Determinable for FY 07. This includes 0 children who entered and exited on the same day (they had a zero length of stay). Therefore, the median length of stay would still be Not Yet Determinable, but would be unaffected by any 'same day' children. The designation, Not Yet Determinable occurs when a true length of stay for the cohort cannot be calculated because fewer than 50% of the children have exited.

Section III -- Narrative Assessment of Child and Family Outcomes

A. Safety

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect

Item 1: Timeliness of initiating investigations of reports of child maltreatment. *How effective is the agency in responding to incoming reports of child maltreatment in a timely manner?*

Effective January 1, 2002, all reports of child abuse/neglect are made to a statewide toll free number and received by the **Centralized Intake** (CI) unit located in Helena. The Centralized Intake unit is open 24 hours a day, 7 days a week. Prior to 2002, reports were called in to local offices where a local child protection specialist took the information.

Centralized Intake receives approximately 26,000 calls into the hotline and enters over 14,000 reports per year. In addition, CI completes approximately 8,000 CPS background checks per year. Based on these numbers alone, valuable field social worker time is saved by the presence of a separate intake unit. Having a Centralized Intake Unit ensures accountability of each call received and helps to maintain consistency of the screening process. Because CI is staffed 24/7, response times are believed to be quicker than they were under the previous system.

There is some resistance to centralizing the intake process. This resistance revolves around a perceived disconnect between CI and the local communities. CI does not have the specific community knowledge that local workers have and some community members perceive this to be a shortcoming.

Reports are categorized as CPI (information only – no investigation follows unless there is an open case involving the same individual), **CFS** (request for services), **or CPS** (report meets the criteria of potential risk to the child and an investigation follows). The CI worker utilizes current policies and protocols in assessing which category to assign. As of October 1, 2007, all categories of reports are to be entered on the CAPS system within 24 hours, a change from 48 hours. CI transfers CFS and CPS reports to the field via the CAPS system. Priority One reports requiring immediate response are telephoned immediately to a worker in the field. In every county of the state, an on-call worker is assigned to receive after-hours and weekend reports.

The CI Specialist follows procedures identified in the Centralized Intake Procedure Manual regarding specific steps and procedures for receiving and documenting reports. Calls are categorized based on statute and policy. It is not uncommon that multiple reports are received on families and include all three categories: CPI, CPS, and CFS. The same process applies for children in Foster Homes and Group Homes. In addition, when a report of abuse/neglect is received on a child in care, the appropriate licensing agency is notified. Typically a joint investigation is conducted in these incidences; however, a special group may be convened to conduct the investigation.

A change to Division policy occurred as of October 1, 2007 that clarified the timelines for investigations. Prior to this date, policy was unclear as to the "start date" to initiate and complete an investigation. Division staff could interpret the timelines to begin with the date that Centralized Intake, the field supervisor or the assigned child protection specialist received the report, which could be any of three different dates. As of October 1, 2007, policy was clarified to indicate that all **investigation timelines** start with the date that the report was received by Centralized Intake. Priority One cases must be investigated immediately, not to exceed 24 hours from the time that Centralized Intake received the report. A face-to-face investigation is expected. Referrals of a less urgent nature must have an

investigation initiated promptly, not to exceed 14 days from the date that Centralized Intake received the report; and all investigations must be completed within 60 days from the date that Centralized Intake received the report. Several data reports derived from the CAPS system had to be adjusted as a result of this change; however, it is unclear at this time what the impact might be on the data contained in these reports.

The county offices determine when to involve law enforcement. The coordination and team work between CPS and law enforcement varies from county to county. When CI receives a report of third party abuse/neglect, the report is entered as a CFS and sent to the field; field staff can then notify law enforcement and coordinate a joint investigation if necessary.

In response to the initial PIP for Montana, the Division devised and implemented a **Safety Assessment Guide** and several Safety Assessment tools in October, 2004. The guide and tools are described in more detail under the response for Item #4. As a part of the safety assessment process, the child protection specialist completes the Investigative Safety Assessment (ISA) on every investigation. The ISA is a structured investigative tool that assists the child protection specialist with the identification of present danger and guides the child protection specialist's decision-making regarding the level of agency intervention. Once completed, the child protection specialist forwards the ISA to their supervisor who approves it and uploads it onto the CAPS DocGen system.

After an investigation is completed, the child protection specialist makes a determination of substantiated, indicated, unsubstantiated, closed without findings, or unfounded. "Indicated" is defined in Montana policy as "maltreatment occurred, but the alleged perpetrator of the maltreatment is not the person legally responsible for the welfare of the child." Indicated cases are generally referred to law enforcement. A report is 'closed without findings' if, for example, the worker is unable to locate the family or the family left town before the investigation began, or in some instances, when the investigation is terminated by court order. Once the determination is made, it is entered into CAPS along with a summary of the facts supporting the determination and the actions taken by the child protection specialist. The report is considered to be "complete" once the ISA has been uploaded onto Docgen and the summary of the facts has been entered onto CAPS. Once these two things have been done, the report can be closed.

The Safety Assessment Guide and Safety Assessment tools have **improved documentation** of investigations significantly. Prior to 2004, safety assessments and decisions were documented on the CAPS system and in case notes in an unstructured manner. All staff were trained on the safety assessment protocols either at the statewide Policy Training in 2004 or by their supervisors directly. With ongoing reminders and training provided to field staff, documentation of investigations has improved which has in turn impacted the ability to measure the timeliness of investigations.

The data profile indicates Montana's current rate of substantiation is 12.7%, well below the national average of 28.0% (2000 NCANDS Data). The percentage of unsubstantiated reports in Montana is 76.2% whereas the national average is 58.4% (2000 NCANDS Data). One reason for the low rate of substantiated reports may be a statutory change in 2003 requiring **a higher standard of evidence**. This change was from "reasonable cause to suspect" to "a preponderance of evidence" in Montana statute (MCA 41-3-102). As a result, the child protection specialist must produce evidence/facts to demonstrate that it is more probable than not that the alleged abuse/neglect actually occurred which correlates with a lower substantiation rate than those states who have a "reasonable cause to suspect" standard. Another possibility is that with the implementation of the Safety Assessment, child protection specialists experienced some confusion in distinguishing between "safe" and "substantiated. We continue to train this tool to alleviate any ongoing confusion.

Substantiation rates are also affected by the **appeal process** that was initiated in 2001. Currently, an appeal of a substantiation requested by an alleged perpetrator is initially reviewed internally by a review panel of Division staff. Approximately 10 – 12% of the appealed substantiations are overturned at this level. The review panel considers whether CFSD policies and procedures were followed and whether the evidence meets the preponderance of the evidence standard. Cases are overturned when policies are not followed sufficiently or the evidence is below the preponderance standard. If the review panel upholds a substantiation, the case automatically proceeds to a fair hearing. The review panel is an internal process. It is the first step before a case is reviewed at the fair hearing which is an actual hearing conducted by the Quality Assurance Division as described below. In 2007, a total of 110 fair hearing requests were received. Of these, approximately 51% will go on to fair hearing, while 38% are denied according to exceptions to the right to a fair hearing set forth in administrative rule. The fair hearing decision can be appealed to district court. It is possible that cases overturned upon internal review or by the fair hearings office do impact worker's decisions to substantiate or unsubstantiate. It may be that workers are hesitant to substantiate if they predict that it may be overturned by the internal panel or through the fair hearing. However, the decision to substantiate or not should be made by the worker in consultation with the supervisor, which means that there is oversight of the decision to substantiate or unsubstantiate.

Fair hearings are conducted by a fair hearings officer located in the DPHHS Quality Assurance Division. The fair hearings officer considers not only whether or not the child was abused/neglected, but also whether or not there is a preponderance of the evidence to demonstrate that the alleged perpetrator was in fact the one who abused/neglected the child. On average, 37% of the appealed substantiations that go to Fair Hearing are overturned or dismissed in favor of the alleged perpetrator by the fair hearings officer due to lack of documentation needed to demonstrate "a preponderance of the evidence." 63% of appealed substantiations are upheld and remain substantiated. Prior to this revised appeals process, significantly fewer substantiations were overturned. The agency has very recently reviewed this process and has discussed a variety of ways to reduce the number of overturned substantiations. Recent changes have been made to include revising the format of substantiation letters to make them more factual and evidence-based; conducting a legal review of the case well in advance of its proceeding to the fair hearing to better prepare the case for hearing; utilizing a checklist for case file submission so that all the necessary evidence is gathered in advance; and more regularly appealing overturned cases to district court which has rarely been done in the past.

Data regarding substantiations is likely affected by this revised process. First, Montana's standard for substantiated reports of child abuse/neglect is a preponderance of the evidence which may affect the percentage of substantiated reports. Second, at any given time, the CAPS system has approximately 150 cases that have been substantiated by the child protection specialist, were appealed by the perpetrator and are currently listed in a pending status awaiting a final determination. Cases listed in a pending status are not recorded as substantiated or unsubstantiated on CAPS until a final determination is made. (Please note that NCANDS records 'substantiation pending' cases as substantiated). Third, 4 - 5% of all substantiated cases in Montana are overturned or dismissed in favor of the alleged perpetrator on appeal (either by internal review or fair hearing). Therefore, the appeal process in Montana may reduce the overall reported substantiation rate by as much as 2 – 8%.

The length of time it takes for the fair hearing process to reach a final determination varies. If there are criminal charges pending or an adjudication pending in the case, the request gets put on hold until a decision is reached in those other hearings. As such, the process may take several months awaiting a determination in a criminal case or an adjudication. If there are no criminal charges and no adjudication pending, the request typically proceeds through the internal review within one to two months and then proceeds onto the Fair Hearings Office. At the Fair Hearings Office, requests are usually scheduled for hearing within two to three months. The entire process from the date the request is received to the final

determination from the fair hearings office can take anywhere from three to six months if there are minimal delays and continuances.

During this process, the worker continues to provide services to the family if they are actively engaged in services. The **process does not preclude the provision of services**. Overturned case files are not destroyed. The electronic system changes the "substantiation pending" code to a code that indicates that the substantiation was overturned upon review and a letter is issued to the family indicating that the substantiation has been overturned. If the agency has serious disagreement with the findings of the fair hearings officer, the decisions can be appealed to district court.

By statute, if there are no previous or subsequent substantiated reports, **unsubstantiated reports** are purged within 30 days after the end of a 3-year period beginning with the date that the report was determined to be unsubstantiated. (MCA 41-3-202)

When looking at **timeliness** of completing investigations, data from Montana's Results Oriented Management (MT ROM) system indicate that on average from CY 2002 to 2007, 83.1% of investigations were completed within the 60 day requirement. The highest reporting period was SFY2007, which indicates 90.6% of investigations completed within the 60 day requirement. According to this data, completion of investigations within the required timeframe is a strength in Montana.

Peer case reviews (see Quality Assurance, Items 30-31) show that for Period 1 (10/1/05 – 3/31/06), 52% of the cases reviewed met the timeframes for initiation of the investigation (within 24 hours or 14 days) and the requirement of face-to-face contact with the child. In Period 2 (4/1/06 – 9/30/06), 77% of cases met the required standards and for Period 3 (10/1/06 – 3/31/07), 58% of the cases met the required standards. Out of 28 cases that were rated as an area needing improvement in this item, 20 (71%) were missing documentation of face-to-face contact with the child, 4 (14%) were not initiated in the allotted timeframe, 3 (11%) were missing the documentation of face-to-face contact and the investigation was not initiated within the allotted timeframe and 1 (4%) case was in error due to a suspicion of abuse or neglect not being reported to Centralized Intake.

In-home/reunification cases show significantly fewer cases rated as a strength than foster care cases. Region 1 in-home/reunification cases scored lowest with only 17% rated as a strength overall. Region 3 in-home/reunification cases faired the best with 70% rated as a strength overall. It should be noted, however, that in Region 1 the number of cases pulled is much lower than other regions, creating a somewhat skewed rating, i.e., one case rated as an area needing improvement radically reduces the overall percentage.

Clearly, the requirement of making face-to-face contact with the child who is the subject of the report is the most common reason that cases were marked as an area needing improvement, specifically with regard to in-home/reunification services cases. If all the cases marked as area needing improvement in the peer case reviews for failing to meet the standard of face-to-face contact with the child were rated as strengths, the percentages would improve to 91% in PUR 1, 92% in PUR 2 and 85% for PUR 3. Division policy mandates that the child who is the subject of the report of child abuse and/or neglect must be observed and that the child must be interviewed if the child is verbal. Face to face contact with the child is expected in an investigation. Unfortunately, peer case reviews indicate that a significant number of children are either not interviewed face-to-face or that the child protection specialist does not adequately document that the child was interviewed. The Division will need to address this requirement and ensure that all children who are the subject of the report are interviewed face-to-face

The Montana Child Welfare System **Survey** conducted from July to December, 2007 received 278 responses and included a question that asked if child protection specialists responded to incoming reports of child maltreatment in a timely manner. 13.8% of respondents agreed, 45.1% mostly agreed, 12.4% disagreed and 2.5% strongly disagreed. 26.6% did not respond or had no opinion. Comments included in the survey referenced that worker overload and understaffing were the primary reason for concern.

One important factor affecting the quality and consistency of investigations is having a sufficient number of well-trained staff and supervisors available to investigate reports in a thorough and timely manner as indicated by the survey results above. **Staff turnover** and vacancies directly impact a local office's ability to respond to reports in a timely manner. In FY2006, 17.17% of the child protection specialists terminated employment with the Division compared to 8.78% of other employee positions. The higher termination rate among child protection specialists directly impacts the availability of well-trained staff to investigate reports. Steps taken to remedy this include: the provision of more formalized and more specialized training for staff; a legislative request (which was approved) to increase staff in an effort to reduce caseloads; negotiation with the Unions to allow situational and locational pay for workers.

A strength in Montana related to staff turnover is the dedication and willingness among regional staff to assist in getting the work done. As an example, the Wolf Point office in the Northeastern corner of the state had several vacant positions over the last couple of years. The rural and isolated nature of the area makes it difficult to retain qualified and experienced staff. In an effort to assist with incoming referrals and investigations, Region 1 allocated staff from other counties to work temporarily in Wolf Point, sometimes for several weeks. This type of cooperation is not unique to Wolf Point and is essential in supporting some of the more rural counties of Montana.

Item 2: Repeat maltreatment. *How effective is the agency in reducing the recurrence of maltreatment of children?*

The national standard for the absence of maltreatment recurrence is 94.6% or more. **Montana has met this standard for the last two years** with 95.7% in the last twelve month period ending in 3/31/07 and 94.6% in FY2006 according to the data profile for the Child and Family Services Review. This is a substantial improvement from 86.9% recorded in 2000 and 87.6% in 1999. The national standard for the absence of abuse and/or neglect in foster care is 99.68% or more. Montana met this standard with 99.81% in the last twelve month period ending in 3/31/07 according to the data profile but fell just short in FY2006 with 99.67%.

After the last statewide assessment in 2002, the Division was concerned with the high level of maltreatment recurrence in Montana and requested a monthly report to monitor this item more closely. Although other changes were made, **improved data quality** is the most likely reason for the increased percentages and better performance on this item. Duplicate reports, where there was more than one report on the same incident, were reduced significantly with the implementation of a Centralized Intake unit in 2002. If there is an open investigation when a report comes in that contains similar, yet different information from the initial report, it is entered as an addendum to the initial report, not as a new report. New allegations of abuse or neglect are entered in as a new report if there is no open investigation at the time the new report is made. New allegations on children receiving foster care or in-home/reunification services would be responded to in the same manner. Maltreatment data rates have likely decreased as a result of the reduction in duplicate reports for the same incident.

In addressing repeat maltreatment concerns since the last CFSR, the Division made substantial changes to the safety and risk assessment policy and practices. Prior to the first CFSR, the Division did not have a

mandatory safety or risk assessment tool. The new **Safety Assessment Guide** (described in more detail in Item #4) provides several safety assessment tools to assist in assessing safety throughout the life of a case. Because of the mandatory tools that were implemented in 2004, safety and risk are assessed during the investigation in a much more consistent manner across the state and it is hoped that this more structured assessment process is having an impact on reducing the risk of repeat maltreatment.

In practice, **assessment of risk** begins when the Centralized Intake worker conducts a search of the CAPS system for prior history on the family. A lengthy history most likely indicates a higher risk to the child as does a history of serious abuse or neglect allegations. The child protection specialist assigned the case then assesses the risk to the child throughout their investigation by assessing the safety factors identified in the Investigative Safety Assessment. It is the policy of the Division to provide protective services to the child in his/her own home when able to do so without risking serious injury to the child. Therefore, in a majority of cases, families are provided services while the child remains in the home. In cases where an immediate threat to the child's safety is identified, a short-term, temporary Safety Plan (described in Item 4) may be implemented to address the immediate safety concerns but allow the child to remain in the home. However, if a child is determined to be at imminent risk and a Safety Plan cannot be implemented, removal may be necessary. Risk and safety continue to be assessed throughout the life of a case using the new safety assessment tools, specifically at reunification and closure of the case.

Other efforts to reduce repeat maltreatment rates include providing families with targeted and individualized services, accurately and thoroughly assessing families' protective capacities and the child's specific vulnerabilities, implementing voluntary services when possible and/or removing a child if necessary and implementing a treatment plan to improve the family's ability to safely parent their child. The **Voluntary Protective Services Agreement** (VPSA) is a voluntary plan similar to a treatment plan that the child protection specialist can utilize with families who voluntarily agree to services. The VPSA addresses the specific safety factors identified by the child protection specialist as a concern and outlines steps to improve safety and reduce the risk of future harm. The VPSA allows a child to remain in the home while the parent(s) works with the Division to mitigate the identified safety risks, improve the protective capacities of the parent and/or reduce the child's vulnerability. If the family fails to cooperate, out-of-home placement may become necessary.

Efforts to reduce repeat maltreatment also include engaging the family and professionals in supporting the parents to change primarily through **Family Group Decision Making (FGDM)** meetings (described in detail in Item 7). FGDM meetings are offered statewide and are an important tool in reducing risk to the child by engaging the entire family system and professional support systems in the change. Other efforts include providing in-home/reunification services to the family to improve safety but allowing the child to remain in the home.

Barriers to these efforts include a lack of specialized services in rural areas, which is described further in other Item responses.

Overall, Montana appears to be fairing well on this item although there is somewhat of a discrepancy between the case review data and data from the four quarters in Montana's first PIP. No clear reason or trend has been identified for this discrepancy. Ongoing assessment of the differences will need to continue regarding these discrepancies.

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

Item 3: Services to family to protect child(ren) in the home and prevent removal or reentry into foster care. *How effective is the agency in providing services, when appropriate, to prevent removal of children from their homes?*

The **Montana Family Policy Act**, Montana Code Annotated, 41-7-101 states: "It is the policy of the state of Montana to support and preserve the family as the single most powerful influence for ensuring the healthy social development and mental and physical well-being of Montana's children."

The Act goes on to state that family support and preservation must be guiding philosophies when state agencies plan or implement services for children or families. The Act requires that the state promote the establishment of a range of services to children and families, including supporting families toward healthy development; assisting vulnerable families before crises emerge; and protecting and caring for children in crisis. The intent of providing these services is to strengthen and preserve families experiencing problems before they become acute; provide intensive services to protect children who have suffered or are at risk of suffering serious harm from child abuse and neglect; ensure that reasonable efforts are made to safely maintain children in their own homes or to provide temporary or permanent care for children who are removed from their families; and to avoid removal from the home whenever possible. Division polices support this premise by emphasizing the provision of protective services to the child in their own home whenever possible without risking serious injury or harm to the child.

Prevention services in Montana are focused on diverting children from entering the foster care system. Primary prevention is provided in most areas in the state, although not always in association with the Division. For example, the Division provides grant monies and administrative support to the Montana **Children's Trust Fund**, created in 1985 by the Montana Legislature to reduce and ultimately eliminate maltreatment of children. The Trust Fund provides financial support to local primary prevention efforts across the state. The goals of the Trust Fund are to fund effective, primary prevention programs in local communities, enhance communities' capacity to prevent child abuse and neglect, support public education regarding prevention, strengthen families and communities and increase positive parenting skills that ensure the health, safety and well-being of children. Programs funded around the state provide parenting classes, skills training and support groups, parenting resource centers, home visiting, respite care, teen parenting resources, etc. Families referred to Centralized Intake whose issues do not meet the definition of abuse/neglect as defined in statute, but who are clearly in need of assistance may be referred to these services in their local area. No case management responsibilities are retained by the agency.

Funds are also awarded by CFSD through the Family Violence Prevention and Services Act to assist **Domestic Violence** shelters and safe home programs statewide. The **Big Brothers/Big Sisters** program is also funded with state general fund monies through the Division to provide mentoring services to at risk youth, including youth in and out of foster care. The Division has also partnered with child care providers, Early Head Start and Head Start programs to include at-risk children in those programs.

As explained in Item 1, when a family is referred for investigation, Child & Family Services Division staff **identify services needed** through the assessment and evaluation of threats of harm, the family's history, the child's specific vulnerabilities and the parent's protective capacities on the Investigative Safety Assessment (ISA). The safety response is driven by the available information assessed on the ISA. Depending on the level of safety threats present, the child protection specialist may close the case without further intervention, refer the family to community resources, engage the family in a Voluntary Protective Services Agreement (VPSA) which is monitored by the child protection specialist or petition for court

involvement which may or may not include removal of the child from the home. When considering the safety response, child protection specialist must consider the least restrictive safety intervention first. The ISA and other safety review tools assist the child protection specialist in identifying, monitoring and evaluating services provided to the child and family throughout the life of a case.

The child protection specialist and supervisor together determine on a case-by-case basis, whether or not to open a case for services. **Services may be provided whether or not the abuse is substantiated.** Of the actions taken by child protection specialists during an investigation, SFY 2007 data from the CAPS system indicate that most cases are provided with direct child protection specialist counseling and given recommendations and referrals to community resources, most often mental health services. In many local offices, child protection specialists will send a letter to the parents with recommendations and community resource information, regardless of whether the report is substantiated or unsubstantiated.

Daycare and respite care are partially funded by the Department's Health and Community Services Division through the Child Care and Development Block Grant. Child and Family Services Division works closely with the Human and Community Services Division to maximize funding for this service.

Child protection specialists may implement a **Safety Plan** with the family to allow a child to remain in the home while also addressing and controlling any identified immediate safety threats. The Safety Plan was introduced as a part of the Safety Assessment Protocols during the first PIP in 2004. Safety Plans are short-term, temporary plans to manage immediate threats until a service plan can be developed with the parent, either voluntarily or court-ordered. Safety plans allow the child to remain in the home with the agreement of the parent to follow through with the Safety Plan activities. When developing Safety Plans, the child protection specialist must be confident of the parent's trustworthiness, reliability, commitment and availability to follow through with the plan. All safety threats identified must be clearly addressed in the safety plan with specific activities intended to control the safety threats and a detailed explanation of how the activities will control the safety threats. Individuals who are responsible for the activities are identified and must sign the document to show agreement and a willingness to participate.

Families may also be engaged voluntarily (as opposed to court-ordered) in services if the family agrees to a **Voluntary Protective Services Agreement (VPSA),** with the child remaining in the home. The VPSA is a more detailed service plan than the Safety Plan and covers a longer period of time, typically 90 days. The child protection specialist and the parents identify necessary services to address the safety factors identified, increase protective capacities and/or reduce child vulnerability in order to reduce the likelihood that the children will be harmed or will be at substantial risk of harm in the future. The agreed upon activities are then monitored by the child protection specialist for effectiveness and the family's ability to increase safety for their child is assessed. Access to voluntary services varies across the state depending upon availability of services.

The Division provides **contracted in-home/reunification services** through 14 private providers throughout the state to children and families. In-home services are available in all of Montana's larger communities as well as many rural areas. In some areas, in-house staff provide in-home services. In-house in-home services are currently offered in Great Falls, Havre, Butte, and Miles City. Families are referred to in-home/reunification services providers by the child protection specialist. CFSD Policy states that in-home/reunification services should be focused on diverting children from entering the foster care system and reducing the duration of foster care placements. In-home/reunification services are targeted at improving safety or removing safety concerns so that removal can be prevented or a child can be reunited safely. Many in-home services around the state are utilized to facilitate reunification and prevent subsequent removals.

Each year contracted in-home/reunification services are provided to an average of 1200 families and 1900 children. In SFY 2007, approximately 2000 children, 1600 families, were served by in-home/reunification providers. Some families who received preventive services did not meet the qualifications for inclusion into the pool of cases to be reviewed during the CFSR. Montana does not devote any of its IV-B, sub-part 1 funding toward in-home services/reunification programs. The IV-B, sub-part 2 funding provides services to families meeting the CFSR definition of "in-home" but also provides a wide variety of other services including: follow-up care for children returned home, improving parenting skills, family support services, time-limited reunification services, and adoption promotion and support services.

Three categories of in-home/reunification services are provided with the goal of increasing the capacities of at-risk families to nurture their children in healthy environments. ***Family support services*** are community-based services targeted at increasing parents' confidence and competence in parenting abilities, enhancing child development and overall increasing the strength and stability of children and families. ***Family preservation services*** are designed to assist families at risk or in crisis, facilitate permanency, provide preventative services, follow-up after reunification, provide respite care, improve parenting skills and utilize family strengths with respect to child development, family budgeting, coping with stress, health and nutrition. ***Time-limited family reunification services*** are provided to families and children where removal has occurred to facilitate reunification. Services in this category may include individual and group counseling, inpatient, residential or outpatient substance abuse treatment, mental health services, domestic violence counseling, temporary child care, family-group decision making meetings, supervised visitation and transportation services. The agency retains an open case until the family demonstrates the ability to maintain a safe home for their children.

Child protection specialists identify the types of services to be provided and communicate with the in-home services provider regarding the purpose, expectations, frequency, intensity and duration of services to be provided. In-home/reunification services providers assess the family's strengths and needs and identify the activities and goals for the family. Services are generally individualized to meet the needs of the family. The parents, children and child protection specialist are involved in developing a **Family Service Plan** which must be developed within 30 days and reviewed at least quarterly.

In-home/reunification providers are contracted through a variety of community agencies around the state. All in-home/reunification services contractors are funded to solely serve families referred by the Division. Because these agencies vary from community to community, one barrier is a lack of consistency with the services being provided around the state. Assessments, provision of services, intervention techniques, and documentation vary resulting in a lack of consistency from one provider to another. Most regions and counties have been very satisfied with the quality of services provided by their contractor.

Contracted in-home/reunification providers typically meet with Division staff on a monthly basis to review progress on specific cases. The Division utilizes a contract monitoring team to assess the quality of contracted services through desk audits and on-site reviews.

As stated earlier, in some areas, division personnel have been hired "in-house" to provide in-home services previously provided only by contracted service providers. In a focus group discussion, supervisory staff reported that because **"in-house" in-home services** staff are Division employees, training, communication and documentation are improved. In addition, they felt that rural areas specifically have benefited from "in-house" in-home services simply because contracted providers have not been as available in rural areas. "In-house" in-home providers are currently located in Region 1

(Eastern), covering multiple counties, in Region 2 (North Central), covering Hill and Cascade counties and in Silverbow County in Region 4 (Southwestern).

The **Montana Data Profile** indicates that in FFY 2005, 1,078 unique child victim cases were opened for post-investigation services. In FFY 2005, 882 child victims entered foster care based on a child abuse or neglect report. Based on these numbers, in FFY 2005, 82% of opened services were associated with children that entered into a foster care placement while 18% of opened services were associated with a child that remained in the home. In FFY 2006, 876 unique child victim cases were opened for post-investigation services, 730 (83%) of these entered into a foster care placement while 17% of opened services were associated with a child that remained in the home. Overall, **the number of children in foster care placements in Montana appears to be decreasing** most recently. In FFY 2005, 1,968 children were in care on the first day of the year; however, data from June, 2007 shows that the number of children in foster care was down to 1,774. It is believed this decrease is due to a number of factors, such as: increased staff; the improved safety assessment efforts and improved services to families while children remain in the home; older children aging out; and an extensive statewide methamphetamine awareness program which may be the reason for an apparent decrease in parental use of methamphetamines. Montana began tracking parental use of drugs in January 2006. In October 2006, data indicated that approximately 66% of out-of-home placements were due to the parents being involved with drugs. Of the cases involving drugs in October 2006, 50.5% of cases involved the use of methamphetamine. In March 2008, only 38.6% of cases involving drugs involved the use of methamphetamine.

According to data from the Montana ROM system, new removals in 2007 decreased from 314 in the first quarter to 236 in the fourth quarter. The **decrease in new removals** may be correlated to a broader provision of services, but it could also be correlated to data indicating a 13% decrease in methamphetamine use among parents as a primary reason for the child maltreatment resulting in a child being removed from 2006 to 2007.

The Montana Child Welfare System **Survey** revealed that 64.4% of respondents agreed or mostly agreed that services provided while the child remains in the home are available and effective in their area of the state. When asked whether appropriate services were available in their area to assist the family in establishing and maintaining a safe home environment, 50.2% responded that the services were available. 20.4% responded that only a small spectrum of services are available while 13.5% responded that the services exist but families are often put on a waiting list. 7.3% noted that families must travel long distances to obtain services, 7.6% did not respond and only 1.1% stated that services were not available in their area.

Survey responses indicated that the primary focus should be on programs to improve services--child abuse prevention and early prevention programs came out on top followed by mental health and substance abuse programs. The answer to this question closely mirrors the responses to which services were lacking in individual communities. Clearly, respondents felt that primary prevention programs to include parenting programs and more in-home/reunification services are the most needed services in the state.

A **promising practice** in Cascade County includes a specialized "**Intensive Services Unit**" that was developed to assist at-risk families in preventing the removal of their child. Case workers carry a reduced caseload so that they can provide more intensive oversight and expedite services to the family, including FGDM meetings. Staff also report that key to the success of this unit has been the existence of positive working relationships with community mental health and chemical dependency providers.

Peer case review data covering 3 periods under review from 10/1/05 – 3/31/07 show that overall 87% of the cases reviewed were rated as a strength, in that the agency made concerted efforts to provide services to the family to prevent entry into foster care or re-entry after reunification. This is a decrease from the overall baseline rating from the 2002 CFSR of 92%. In addition, over the four PIP quarters, the rating average was 93% with a final, fourth quarter PIP rating of 96%. The table below provides ratings for all areas of the state:

	Overall Rating	Foster Care Rating	Contracted In-Home Rating	In-House In-Home Rating
State	87.00%	90.00%	86.00%	---
Eastern Region 1	68.80%	100.00%	58.00%	100.00%
North Central Region 2	95.00%	87.50%	100.00%	100.00%
South Central Region 3	89.19%	100.00%	86.67%	---
Southwestern Region 4	96.43%	83.33%	100.00%	100.00%
Western Region 5	75.00%	85.71%	66.67%	---

Region 4 had the best overall in-home/reunification services ratings which supports their assertion that they have a good working relationship with in-home services providers in their Region.

The primary reason (7 cases) for in-home/reunification services cases being rated as an area needing improvement was a deficiency in the contractor meeting the identified needs of the child/family or providing inadequate services. The second most common reason (5 cases) that in-home/reunification services cases were rated as an area needing improvement was a lack of documentation; no clear reasoning documented for in-home services or the safety assessment was either not in the file or was incomplete.

In foster care cases, the reasons that the three error cases were rated as an area needing improvement included in one case a lack of services provided along with a missing safety assessment, another case noted that the services provided did not prevent a removal, and the last case did not assess the safety of a sibling that remained in the home.

In-house in-home cases had 100% of their cases reviewed rated as a strength. The number of "in-house" in-home cases pulled for peer case reviews was significantly smaller (12 total), compared to the contracted in-home services cases (79 total), however, it is noteworthy that all of the "in-house" in-home services cases were rated as a strength. Based on this data, further consideration by Regional Administrators of increasing the number of "in-house" in-home services staff, especially in rural areas would be warranted. "In-house" in-home services should be noted as not only as a strength in Montana but also as a promising practice.

It is not clear in the contracted in-home/reunification cases why the contractors scored less well in meeting the needs of the child/family. Regions will need to take a closer look at where the breakdown in service provision is occurring with contracted providers in order to improve the overall rating on this item. There may be a need for improved communication between the child protection specialist and the contractor with the goal of clarifying the services requested and following through on which services are provided. Peer case file reviews of contracted in-home/reunification services are helping providers to understand what is needed in terms of documentation of services provided.

In May 2006, the State's Legislative Audit Division released findings of a **performance audit** focusing on improving the In-home/reunification Services contract monitoring done by CFSD. One of the main

changes facilitated by this audit was CFSD moving from budget-based contracts to fee-for-service contracts for the purchasing of In-home/reunification services. Monthly service logs describing the services provided and amount of time dedicated to providing these services were developed. Currently, all contractors must submit monthly service logs prior to contract payments being issued. This system has been in place for just over a year and it has enabled CFSD to better monitor the services provided under the contracts and provide funding for services in more equitable manner across the State. As the system continues to evolve more refinements will be made to not only allow the State to maximize its resources and ensure compliance to federal requirements but to also simplify the service log and billing documentation for contractors. The language in the contracts will continue to be reviewed and refined to clarify the roles of CFSD and the contractors and to better incorporate practice issues related to the CFSR outcomes and measures.

To facilitate greater communication, local Child Protection Specialist Supervisors have been designated to be the **agency contact for contractors providing services** in the supervisor's community. Improved documentation of identified needs, requested services, and safety assessments would also appear to improve data results on this item. Regional training and reminders are the most likely means of improving documentation in the areas where weaknesses were noted.

Item 4: Risk assessment and safety management. *How effective is the agency in reducing the risk of harm to children, including those in foster care and those who receive services in their own homes?*

In response to the initial PIP for Montana, the Division devised and implemented a **Safety Assessment Guide and several Safety Assessment tools** in the fall of 2004. The primary tool is the **Investigative Safety Assessment**, which is completed on every investigation. The ISA is a structured investigative tool that assists the child protection specialist with the identification of present danger and guides the child protection specialist's decision-making regarding the level of agency intervention. The child protection specialist must assess 15 safety factors in the process of completing the ISA as well as evaluate the protective capacities of the family, the family's history that may have an impact on safety and the child's specific vulnerabilities. The child protection specialist considers whether substantial risk of harm or actual harm is present in their assessment of the safety factors and determines whether the child is currently safe, unsafe or at substantial risk of harm. A child is considered **unsafe** when the caretaker's action's or inactions present immediate threats of serious harm or actual harm to a vulnerable child and the family's accessible protective capacities are insufficient to prevent these actions or inaction. A child is considered **safe** when there are no immediate threats of serious harm or actual harm stemming from caretakers' action or inactions or the accessible protective capacities of the family are able to prevent these actions or inactions. The safety decision is driven by the assessment of the safety factors and can include closing the case without further intervention, providing referrals for services, opening the case for voluntary services, and/or removal of the child from the home with a petition to court for emergency custody. Once completed, the child protection specialist forwards the ISA to their supervisor who approves it and uploads it onto the CAPS DocGen system.

The Safety Assessment Guide includes four **other safety tools** that were implemented in 2004 as a result of the state's PIP. The purpose of these tools is to assist the child protection specialist in assessing safety on an ongoing basis, throughout the life of a case. Safety must be assessed every six months using one of the following tools: FGDM, FCRC, Permanency Planning Staffing, Safety Plan, Safety Review, Safety Assessment at Reunification, or the Safety Assessment at Case Closure. The **Safety Plan** is a short-term, temporary agreement meant to manage immediate threats of serious harm while the child remains in the home until such time a service plan or treatment plan can be developed. The **Safety Review** is an evaluation tool designed to assist child protection specialists in making and documenting ongoing

decisions about a case. The **Reunification Safety Assessment** is a tool that must be completed by the child protection specialist prior to reunifying a child with their caregiver to assist in making the decision of whether to reunify or not. The **Safety Assessment at Case Closure** is an evaluation tool that must be completed prior to a case being closed to assist in making decisions when considering case closure. All of these tools refer back to the original safety factors identified as a concern on the Investigative Safety Assessment, providing consistent evaluation of safety throughout the life of a case.

The Division also introduced a structured case note tool on the CAPS system, the **Activity Detail (ACTD) screen** in response to the state's PIP. The ACTD screen was introduced in June, 2005 and was **created to better track decision-making points** and significant contacts and activities in cases. Significant case contact is defined as any contact that impacts the direction of a child protective services case. Assessment, Case Planning, Monitoring and Referral information should be included on the Activity Detail Screen. Any time a decision is made that impacts the Child Protective Services case it should be recorded on the Activity Detail Screen as a **Decision Point**. Decision points may include: Termination of Parental Rights, Removal, Changes in Placement, Change in Visitation Plan, Permanency Plan Decisions, New Referral, Reunification, or Case Closure.

When a report of maltreatment involves a substitute care provider, the provider number is added to the referral which is assigned to the CPS supervisor. The Family Resource Specialist (FRS) responsible for licensing the home is alerted by the CAPS system of the referral. The CPS supervisor, the FRS supervisor and the Regional Administrator consult to determine who should investigate, the licensing worker or the CPS worker or both. If the report is against a private provider, the child placing agency is notified of the impending investigation. CFSD is the only licensing agency in the state and any history of maltreatment reports is tracked in the CAPS system.

In 1999 the **licensing responsibility for child care institutions** (group homes, therapeutic group homes, shelter care facilities and child care agencies) was transferred from the Division to the Quality Assurance Division. This transfer enabled a more manageable workload for the licensing staff in Child and Family Services, and the monitoring of licensed foster homes was improved. The Division Management Team believes this has had a great impact on the reduced incidence of abuse/neglect in foster care from .66% in 1999 to .19% in the last twelve month period ending in 3/31/07. For reports of maltreatment in a licensed facility (group homes, therapeutic group homes, shelter care facilities and child care agencies), the Quality Assurance Division and CFSD are notified and may conduct a joint investigation, depending on the nature of the report.

All licensed providers are subject to criminal background checks and CPS background checks and must be finger printed. Prospective foster parents are denied a license if their criminal history includes any of the crimes listed in the Adoption & Safe Families Act. In addition, a prospective provider is typically denied a license if the background check reveals a substantiated CPS history. (see Item 43)

The national standard for the absence of abuse and/or neglect in foster care (12 months) is 99.68% or more. **Montana met this standard with 99.81%** in the last twelve month period ending in 3/31/07 according to the data profile and fell just short of it in FY2006 with 99.67%. Montana consistently meets this standard. Family Resource Specialists work to provide resource families with very thorough initial training and they follow through with additional support as needed. (also see Item 6, Stability of Foster Care Placement)

Peer case review results show that for all three periods under review (10/1/05 – 3/31/07), statewide, 80.26% of the cases reviewed were rated as a strength for risk management and safety assessment. This is a significant decrease from the overall rating of 98% in the 4th quarter of the PIP.

The table below indicates ratings for all areas of the state:

	Overall Rating	Foster Care		In-Home		In-House In-Home	
		Rating	Cases Reviewed	Rating	Cases Reviewed	Rating	Cases Reviewed
State	80.26%	88.32%	137	64.56%	---	100.00%	---
Eastern Region 1	63.89%	80.00%	20	25.00%	12	75.00%	4
North Central Region 2	90.91%	100.00%	21	75.00%	8	---	---
South Central Region 3	82.05%	91.49%	47	67.74%	31	100.00%	---
Southwestern Region 4	87.18%	87.50%	16	84.21%	19	---	---
Western Region 5	76.19%	81.82%	33	55.56%	9	---	---

The most significant reasons for area needing improvement ratings statewide for in-home/reunification services cases during all three periods under review were initial assessments not being completed or documented (10 cases), ongoing assessments not being completed or documented (7 cases) and needs being identified but not addressed by the contractor or being inadequately addressed (8 cases). It is not clear at this time if the lack of initial and ongoing assessments is due to the failure to do an assessment or if one was done but not documented or included in the file. The case file review team is working with providers to improve documentation, which in turn will assist in determining where the shortcomings lie. Also, in-home/reunification services providers are now participating as reviewers in the peer case file reviews. Participation helps to increase their awareness of the expectations of CFSD in the provision of services to children and families.

Foster care cases performed noticeably better on this item than contracted in-home/reunification services cases; however, trends can still be identified. Most significantly, statewide, a lack of initial or ongoing assessments was the primary reason for 11 of the 16 cases rated as an area needing improvement. The second trend for an area needing improvement rating in this item was an identifiable safety risk or actual harm caused by the substitute care provider despite ongoing assessment of the child's safety which was noted once in Regions 1, 3 and 5.

Peer case review data clearly indicates a weakness for Montana in completing or documenting initial or ongoing assessments in both in-home/reunification services and foster care cases. Although the tools are in place to document both initial and ongoing assessments, it appears that these tools are not always being utilized or completed. Increased Regional supervision of cases would seem the most likely intervention at this point since training has already been provided several times regarding the safety assessment tools. One area to emphasize should be the use of the activity detail (ACTD) screen in the CAPS system to document case decision points and notes. ACTD, although mandatory, is not utilized in the same manner in every region and likely results in inconsistencies in the documentation of case events and decisions. If these tools which are already in place, were being utilized and completed as intended, the rating on this item would improve drastically. A statewide effort is in place to improve documentation on the ACTD screen.

Montana implemented new policy as of October 1, 2007 that requires **once a month contact in the child's residence** between child protection specialists and foster care children (described in more detail in Item #19). Prior to October 1, 2007, contact in the child's residence was expected quarterly. Emphasis for these contacts has been placed on assessing safety, permanency, well-being and case planning, which should facilitate continued low rates of maltreatment in foster care. Increased contact should also result

in increased documentation of ongoing safety assessment throughout the life of the case, which would also likely improve performance rates on this item.

In May of 1997, the Montana Legislature adopted into law the "**Fetal, Infant and Child Mortality Prevention Act.**" The purpose of the Act is to "encourage local communities to establish voluntary multidisciplinary Fetal, Infant, and Child Mortality Review (FICMR) teams to study the incidence and causes of fetal, infant, and child deaths." The Act directs local teams to compile mortality statistics, analyze preventable causes of death (including child abuse and neglect), and recommend measures to prevent future deaths. The Act allows health care providers and county attorneys to share otherwise confidential information with members of the FICMR teams, and specifies which agencies can be represented on the teams.

In 1998, the Department established a State FICMR team to develop guidelines, provide policy, and monitor the local teams. A representative from the Child and Family Services Division has participated as a member of the State board since its inception. The State team is directed to publish aggregate data on information reported by local FICMR teams. FICMR reports are produced biennially and include data for a two-year period. Reports are provided to community professionals and are made available to the public on the Department's website. All deaths reported in Montana for the years of interest are included, as well as most of the deaths of Montana residents who died out of state during the same time period. **The intent of the FICMR program is to perform comprehensive case reviews on child and infant deaths and stillborn fetuses in Montana to develop a greater understanding of the causes of death and identify strategies for preventing deaths.** Understanding the circumstances around a death may help a community to understand the risk factors affecting the health and well-being of their youth and review results can lead to state, local and national policies and actions to prevent deaths in the future.

A fulltime coordinator assists Counties and Tribes in developing local FICMR teams. In 2003 – 2004, 53 of Montana's 56 counties and all 7 Indian Reservations participated in FICMR reviews through 30 local FICMR teams. Currently, 40 teams are organized across the state and meet monthly or quarterly to review approximately 90% of all statewide fetal, infant, and child deaths. Local teams include coroners, law enforcement officials, physicians, public health nurses, social workers, mental health professionals, school officials, tribal representatives, and county attorneys. Local FICMR teams perform an in-depth analysis of fetal, infant and child mortality cases using a 'de-identified' standardized data set. [De-identified, meaning that confidential information is removed.] The team discusses each case, identifies relevant risk factors, determines to what degree the death may have been preventable, and recommends how similar child deaths may be prevented in the future. Team members regularly take information back from cases reviewed to their own agencies to improve practices. Team members also serve on other community prevention education teams and inform the public on how to improve safety for children through those forums.

In 2003-2004, 394 fetal, infant and child deaths were recorded in Montana or to Montana residents. Three hundred and forty of those deaths (86%) were reviewed by FICMR teams. An additional four deaths were reviewed, but were not linked to a death record. Twenty of the 394 deaths and ten of the 344 reviews were infants and children who died in Montana, but were not Montana residents. Among the 2003-2004 deaths that were reviewed, 90 were fetal, 115 were infants, and 139 were child deaths.

Fifteen of the 2003-2004 FICMR reviews identified child abuse and/or neglect as the cause of death. Seven of these abuse-related deaths were children less than five years of age. Five of the deaths were children ages 10 or 11, and the remaining three were teens 14 to 16 years of age. Eight of the 15 cases had inadequate supervision at the time of death and two cases were from alcohol poisoning. Two other

deaths cited "drinking" as the activity at the time of death. Eleven of the deaths due to maltreatment were among male infants and children. Five of the 15 cases had a prior history of maltreatment.

Fatalities due to child abuse and/or neglect recorded in 2003 – 2004 on the Division's CAPS system vary significantly from the FICMR data. Data from the CAPS system indicates that on average between 1 and 3 fatalities occur per year due to abuse and/or neglect. Reasons for this variation are not specifically known, however, several explanations are plausible. First, in order for the Division to intervene, the perpetrator must be a parent or caretaker of the child. FICMR reviews consider whether abuse and/or neglect was the cause of death regardless of whether the perpetrator was a parent or caregiver, which would result in a higher number of fatalities caused by abuse and/or neglect in the FICMR reviews. Second, although the cause of death may be reported as abuse and/or neglect, it may not be reported to the Division. Coroners in Montana are oftentimes elected officials with little to no training in the field and may or may not understand their responsibility as mandatory reporters. In addition, FICMR teams review cases that have been "de-identified" and are held to very strict confidentiality requirements which might result in the tendency to under-report abuse and/or neglect cases to the Division. Third, fatalities that occur on a Tribal Reservation would be included in the FICMR data but would not be recorded on the Division's CAPS system. Fourth, a child fatality may be entered into the CAPS system but because there is an appeal of the substantiation by the perpetrator or there are criminal charges pending in the case, it would be recorded as a pending determination until the appeal or criminal charges were resolved. Fifth, data entry errors on the CAPS system could impact the number of reported fatalities. The code indicating a child fatality is SUD (substantiation that resulted in a child's death), however, SUB (substantiated child abuse and/or neglect) is most commonly used in substantiated cases. If the child protection specialist does not use the SUD determination specific to child fatalities, the fatality would not be reported accurately in the yearly data totals.

During the FICMR reviews, the multi-disciplinary teams assess whether a child's death was preventable. A child's death is considered to be preventable if an individual or the community could reasonably have done something to have changed the circumstances that led to the child's death. In 2003-2004, 282 (83%) of the 344 deaths reviewed received a preventability determination; 111 deaths were judged to be preventable and 171 were considered not preventable. The majority of preventable deaths were child deaths, whereas infant and fetal fatalities were more often associated with natural causes and are more likely to be considered not preventable.

Community prevention activities implemented by the local and state FICMR teams during 2003 and 2004 included prevention education, public service announcements and advocacy efforts related to healthy pregnancies, crib safety, SIDS, shaken-baby syndrome, car seats, seatbelts, bike safety, use of helmets, farm equipment safety, life jackets, teen alcohol use, teen driving, suicide, smoking cessation, gun safety, gun locks, highway safety, propane heaters and methamphetamine use. Many of these efforts were provided through hands-on trainings provided at schools, hospitals, clinics and daycares to community professionals, parents and children.

B. Permanency

Permanency Outcome 1: Children have permanency and stability in their living situations.

Item 5: Foster care re-entries. *How effective is the agency in preventing multiple entries of children into foster care?*

As stated, policy requires that the safety of the child is assessed throughout the life of the case, including the time a child is in foster care, and safety must be assessed at least every six months. Safety may be assessed using a variety of tools including Family Group Decision Making, Foster Care Review, Permanency Planning Staffing, Safety Review or completion of a Safety Assessment at Reunification or Safety Assessment at Case Closure.

The data reported to AFCARS continues to reflect that **Montana is not in conformity** with the standard for this particular item. Since the previous Statewide Assessment, changes have been made to the CAPS system that provide the ability to accurately report status changes of children in foster care who have runaway, are on a trial home visit or are hospitalized. Previously these foster care 'status' changes were often reported as exits and re-entry. However, even with the changes made to CAPS, there continue to be problems with data entry relative to this item which result in incorrect removals and re-entries being reported.

The **incorrect removal entries on CAPS contribute to the problem** of the data profile indicating that many more children re-enter foster care than Montana believes actually occur. This belief is based in part on the peer case reviews which show Montana to be in substantial compliance with this item and also on review of cases for other reasons in which identification of incorrect removals has been identified. Case file reviews measure this item slightly different than the data profile. When cases are examined in the peer case review process, a case is 'applicable' to Item 5, if the child entered foster care during the period under review. Only 19 cases applied out of 210 foster care cases reviewed between 10/1/05 – 3/31/07, because the majority of children randomly pulled were placed in foster care prior to the period under review. The Division not only maintained 100% strength ratings during the post-PIP period (10/1/05 – 3/31/07), but has sustained an average strength rating of 96% between 10/1/03 – 9/30/05 for those cases that applied.

According to the **data profile**, Montana scores poorly on re-entries, measure C1-4. Montana requested, but was unable to obtain from ACF, a list of the cases which were counted as re-entries, so in researching this, the MT ROM system was used to identify children who re-entered care within 12 months of returning home during the same period used in the data profile. The lists were drawn by region to try to mimic the county data received from the Children's Bureau. Regional supervisors were asked to report on reasons for the re-entry of each of these children. There didn't appear to be a notable correlation between age of the child and re-entry. Many of the children re-entered due to relapse of substance abuse by the parent; several were court-ordered to return home before the worker felt the family was ready; a notable number of the cases began as Voluntary Placements (not court-ordered) that broke down after the children were returned home; and, unfortunately, we continue to identify data entry errors especially related to trial home visits, where the worker enters this as an exit (instead of a status) and it then looks like a re-entry if the trial home visit fails. The single factor that stood out the most though, was that the number of children in each regional list was small, 20 -30 cases, and within each list were several sibling groups of 2, 3, or more siblings. The Southwestern Region's list, for example, (this is the region containing the counties with the highest percentages of re-entry on the data profile's county data) contained 23 children who re-entered care. Five of the children in that list were from one family. If that was counted as one re-entry (one family) out of 23, the percentage of re-entry is 4 %, but those 5 of 23

children from the same family who re-entered care produced, by themselves, a percentage of 22% of the total. There were other smaller sibling groups in that same list making the percentage even higher when calculated by the number of individual children re-entering. While Montana does not minimize the importance of maintaining a safe environment for each and every child, it would appear that the numbers alone don't provide an accurate picture in a state where total numbers are small.

Data anomalies on our preliminary data profile also required that we look at dropped cases and cases where no discharge reason was found. We were provided a list of these specific cases from our AFCARS file. It was during this research that we discovered that some workers still enter trial home visits and runaways, for example, as exit reasons. We also discovered that in Montana, the field on CAPS where the discharge reason is entered is frequently used to enter a change in placement (not a discharge), rather than an exit from state custody. Examples include PBD (Placement Broke Down) or AFH (adult foster home). These codes do not map to the discharge reasons on AFCARS, so no discharge reason was found on the AFCARS file. The cases in these lists have been corrected and the corrected AFCARS file resubmitted, but the research would lead one to believe that training or changes in CAPS are needed. Supervisors have been made aware of our findings and asked to discuss them with their workers. We will also begin adding a "Tips" column to the Newsletter that is distributed to all workers to ensure that workers are made aware of our findings.

The Montana Child Welfare System **Survey** conducted between July-December, 2007 included a question specific to the issue of re-entries into foster care. The question was:

> *When it becomes necessary to remove children from their home, the primary goal is to reunify these children with their families as soon as possible, within one year or less from the date of removal. Unfortunately, many of these children re-enter foster care within the next 12 month period. What 2 factors do you believe would contribute most toward improving this dilemma.*

The top two factors identified both when department staff responses were included and when they were not were: (1) Extended services provided in-home/reunification after the reunification; and (2) 12-month goal is unrealistic for families broken by substance abuse.

Montana continues to monitor the incidence of re-entry.

Item 6: Stability of foster care placement. *How effective is the agency in providing placement stability for children in foster care?*

CFS staff work to minimize placement changes for children in foster care despite limited placement resources. The first step in providing placement stability begins with assessment of the child's needs and a determination as to what available placement setting will best meet these needs. Factors that are considered include the child's physical, educational and psychological needs, race and racial identity, applicability of ICWA, placement with siblings, location of family and need to maintain contact and other factors particular to the child or the child's circumstances. Consideration is given to placement with the non-custodial parent or placement with other kin.

A change in practice that was made during the PIP to increase placement stability was establishment of a more formalized process for providing initial information to foster parents utilizing a tool, the **Information on Child for Placement Purposes**, developed during the PIP. This tool includes a foster family matching section. If placement of the child is outside of the parameters of the foster parent license (which is sometimes necessary due to limited placement options), a formal request to the licensing worker must be made for a change in license using the Request to FRS Staff for License Change. A copy of the Information on Child for Placement Purposes is also provided. The FRS staff is responsible to assess the

home and the needs of the child to determine if the child's needs can be met in the placement and the license should be modified.

A third tool that is intended to increase placement stability is the **Placement Stabilization Plan**. This plan may be completed when a child is placed, when a child's behaviors warrant or at a Foster Care Review Committee meeting or at any other time when either the foster parent or child protection specialist determine it is needed. The plan addresses behaviors, medical conditions, disabilities, trauma or other issues or needs that need extra attention to stabilize the placement, prevent a disruption or avoid a crisis. The plan documents recommended services and interventions and can involve both the provider and the child.

During the 2002 CSR, this item was identified as an area needing improvement. The CFSR performance on this item was 79.0%, however the agreed upon baseline was 83.0%. Montana passed this item in the 4th quarter of the PIP. During **peer case reviews** conducted between 10/1/05 and 3/31/06 this item was rated as a strength an average of 87% of the time. In the data profile for the period ending 3/31/07 Montana was rated at 103.6 for this item, which exceeds the national standard of 101.5.

CFSR Item 7: Permanency goal for child. *How effective is the agency in determining the appropriate permanency goal for children on a timely basis when they enter foster care?*

CFSD policy requires that a permanency staffing be held 90 days after a youth has been placed in foster care unless there has been a FGDM meeting, 9 months following placement in foster care and at six month intervals thereafter. The purpose of permanency staffing is to ensure timely and appropriate permanent placement goals for children in foster care. The CFS-353 Permanency Staffing form was developed to be used as a guide during permanency staffing. This form covers the child's placement history, exploration of non-custodial parents and relative resources and prompts a primary and concurrent permanency plan. In addition, foster care review is held every six months following initial placement in foster care.

CFSD exceeded **the PIP goal** for this item and completed all of the action steps. FGDM's are now offered to all families; a checklist was developed for supervisors to track tasks recommended from Permanency staffing; the CFS-353 Permanency Staffing form was developed; and CFSD policy now includes a hierarchy of preferred permanency outcomes. Documentation in the case record is required if the hierarchy is not followed.

After the last CFSR, a **Permanency Work Group** was created to establish goals to improve permanency for older youth and streamline the permanency process for all youth. The supervisor check list and the diligent search tool were developed by this group. All CFSD staff were trained on the importance of diligent search, available diligent search resources and how to access the putative father registry during policy training 2006. Management has introduced training by Janyce Fenton of the National Resource Center, to incorporate a more family centered approach to practice. Janyce trained at Montana's annual CAN conference in the Spring 2007. In November she facilitated a statewide meeting of supervisors, Regional Administrators, Permanency Planning Specialists and FGDM coordinators to engage them in Family Centered Practice. Janyce returned in February 2008 to model family centered practice for supervisory staff. CFSD plans to require periodic permanency training for all CFSD staff to sustain optimal permanency outcomes.

Case file review data shows strength in 81% of applicable cases reviewed statewide as compared to the 2002 baseline data which showed 77% of applicable cases rated as a strength statewide. Regions II and III had the highest percentages of cases rated as a strength on this item during the review period.

CFSD's increased use of FGDM's is thought to have a large impact on improvement in this area. FGDM's are held for an increased number of cases and they are scheduled earlier in the case whenever possible. FGDM's are available statewide; each region has at least one FGDM coordinator on its staff. (see Item 35 for a description of FGDM). **Concurrent planning** is usually discussed in the first FGDM for all youths who are in out of home placement to inform the birth family about the ASFA timelines and CFSD's goal for timely permanence. Concurrent placements have proven successful in moving children toward permanence more quickly and with fewer placement changes. At the initial FGDM, family members are asked to indicate if they might be interested and able to provide a permanent home should the need arise. Concurrent planning can then occur with this family member. Reunification is always the first permanency goal, but cases where substance abuse is involved or mental health issues, etc., are cases that are generally considered to be appropriate for concurrent planning. Concurrent placements are used more in areas where adequate resources can be developed, generally in more populated areas. The use of Structured Adoption Family Evaluation (SAFE) universal assessment used for both foster and adoptive families avoids any delay in permanency for an adoptive home study to be completed.

Flathead County recently initiated the practice of holding a "**Family Identification Meeting**" within 2 weeks following placement of any child. The meeting takes 45-60 minutes and is held strictly for the purpose of identifying possible relative resources, both immediate and permanent.

Also, in Missoula and Great Falls, a **new worker-type has been created to manage specialized case loads** that focus on permanence for older youth. These workers assist the youth in connecting with resources and identifying permanent resources and connections. These are not newly created positions, but rather a specialization of designated staff to better serve the needs of our clients.

Key collaborators in this ongoing practice include Janyce Fenton who was contracted through NRCFCPPP to provide technical assistance for more timely permanence; Rachel Yarbrough with Adopt US Kids who met with Program Bureau staff and Permenancy Planning Specialists in June 2007; foster parents, birth parents, CASA's, contracted in-home/reunification service providers, attorneys, judges and mental health therapists.

Another promising approach is The Region VIII Breakthrough Series Collaborative on Permanency for Older Youth which was the impetus for **Youth Centered Meetings (YCM) for older youth**. These have been piloted within the last year and are proving successful in identifying appropriate permanency connections for older youth. YCM's provide youth the opportunity to be actively involved in their case plan, including their permanency goals and connections for permanency. YCM's are scheduled as needed; some areas require them for all youths aging out of foster care. The Montana CWS Survey conducted from July through December 2007 indicates 52% of the individuals surveyed mostly agree that youth are included in the development of their permanency plan in an age-appropriate manner. This percentage is expected to improve with more YCM's.

CFSD staff report that the legal system can be a barrier to timely permanence. This feedback was given at the focus group meeting in November 2007 and is a statewide concern. The legal system was also identified as a barrier at the **community stakeholders' meetings** held in Missoula and Billings during the fall of 2007. Difficulty scheduling hearings and continuances continue to be an issue in some areas of the state. In many areas, staff work closely with their county district attorney and district court judges to assure timeliness of scheduling all hearings, meeting ASFA requirements and review hearings.

Unfortunately at this time, there is no way to track the timeliness of Court decisions. Since Montana's CFSR in 2002, **courts and CFSD** have been working together to improve outcomes for children removed from their families. (see Item 38 for additional information on collaboration between CFSD and the Courts) In Montana, the District Courts handle the whole array of criminal and civil cases. Also, Montana has only one Court of Appeal. Therefore, Court postponements and continuances may occur because of the workload on the Court system and the difficulty in balancing the cases to be heard. Also, in 2005 legislation was passed stating that each child who is the subject of an abuse/neglect proceeding must be appointed an attorney in addition to a Guardian Ad Litem.

In an effort to assist the Courts in holding **timely permanency hearings**, Legislation was passed in 2005 allowing Foster Care Review Committees to conduct permanency hearings at the discretion of the court. The decision of the committee would require signature of the Judge. The intent of this legislation was to speed the process of children achieving permanency. Many Judges, however, still require the permanency hearing to be held in Court.

CFSD holds the belief that in child abuse/neglect cases, it is important to view **'timeliness' in the eyes of the child.** With this in mind, a new practice was initiated by Child and Family Services a couple of years ago to include photos of the children whenever papers are presented to the court. Seeing an infant grow into a toddler or a child turn into a teenager while he waits for permanency has a huge affect on the urgency of scheduling (and not delaying) Court Hearings.

The Court Improvement Program Coordinator tells us a child welfare module will be configured and integrated into the new district court case management system (FullCourt) as part of the **CIP Data Grant strategic plan**. The module will be used to track compliance on court actions to ensure ASFA timelines are met and also to generate reports to the court as to timeliness of hearings and orders, the length of time children are in care, the reasons for delays in a case and other components identified by the judges as useful to them to expedite permanency for abused and neglected children. The child welfare module is currently in the planning stage and will be piloted within the next few months. The pilot site will be selected using several factors such as the length of time the district has been using FullCourt, the ongoing collaboration between the agency and the court in the district, the need for data to assist any corrective actions identified and the willingness of the court and the community to act as a pilot site.

A **Legal Summit** to provide training and raise awareness of Child Protection Law and practice was held for Attorneys and Judges in 2006 & 2007. CFSD staff participate in the Legal Summit. At the 2006 Summit, an "Appellate Work Group" was formed and assigned the task of determining why a child's case was taking so long at the appellate level. Their work resulted in some notable change: In 2006, there were 19 cases appealed. These 19 cases averaged 377.67 days from the date of the district court order to the date of the Supreme Court decision and 76.3 days from the date the case was submitted on briefs to the date of the Supreme Court decision. In 2007, 21 cases were decided with average times of 284 days and 49.14 days, a decrease of 24.9% and 35.6% respectively.

A **barrier** to timely and appropriate permanency is that, in areas that are rural, provision of services is more challenging than in areas where population is denser. Services are more accessible and more available in areas with more dense population. Shortage and frequent turnover of CPS workers was also cited as a barrier at stakeholder's meetings in Miles City, Missoula, Kalispell and Billings.

Item 8: Reunification, guardianship, or permanent placement with relatives. *How effective is the agency in helping children in foster care return safely to their families when appropriate?*

The goal of Department is to reunify families, if possible. Policy emphasizes that reunification services are best facilitated when the placement of the child is as close as possible to the home of the birth parents. This allows for frequent visitation between the child and parents in order to maintain and improve their relationship while services are being provided to the family.

It is the **philosophy** of the Division that placement of a child out of his or her home should occur only after careful consideration of the alternatives and a determination that the safety of the child is threatened due to immediate or apparent danger of maltreatment. The safety of the child is the primary consideration in any placement decisions. If placement is indicated, it is policy to place the child in the "least restrictive, most appropriate setting" closest in proximity to the parents, recognizing that the needs of the child are paramount. A child will be placed with the child's family or other kin when it is in the best interest of the child, and when the home is approved by the Department. Out of home placement with the non-custodial parent is the first option if an assessment indicates that this placement is safe and in the child's best interest. If placement with the non-custodial parent is not appropriate or available, priority is given to a member of the child's immediate family; other relatives or kin; a licensed youth foster family; a licensed youth group home or another licensed child care agency. The department gives preference to kinship caregivers when placement with kin is in the best interests of the child and the caregiver's home meets the requirements for the type of care the kin wishes to provide.

For **American Indian children** who are served under the requirements of the Indian Child Welfare Act, all staff are obligated by law to provide the services necessary to reunite the family or search for and utilize relatives as placement resources for all children taken into care. For Indian children that meet the criteria of ICWA, ICWA placement preferences must be followed unless good cause exists not to follow the preferences or if resources are not located after a diligent search is executed. The requirements of the Act and of CFSD policy and practice help to insure ongoing contact between Child and Family Services staff and tribal staff. These ongoing contacts help to facilitate a "diligent" search for relative placement resources, and can set a foundation for future connections with the child's extended family.

CFSD policy on **Guardianship** states that Guardianship is a permanency option for children when a determination has been made that neither reunification with the child's parents nor adoption is in the best interests of the child. Guardianship is the most appropriate permanent placement option for some children, when reunification and adoption have been ruled out. Policy further states that a determination that guardianship is the most appropriate permanent placement option must be made at a permanency staffing.

A service, mentioned earlier, that is supported and encouraged by policy and that can positively impact reunification and other permanency for children is the use of Family Group Decision Making meetings. This process is seen as an effective way to maintain children in families, speed the unification process, lend support to the birth parents, and identify short and long-term placement alternatives for children when reunification is not in the child's best interest.

CFSD Management reports show a steady increase in the use of **FGDM meetings** since 2001, particularly **with Native families.** In 2001 there were 684 FGDM meetings held throughout the State of Montana, of which 94 or 14% were with Native families. In the fiscal year that ended in June 2007, 829 FGDM meetings were held with 185 meetings or 22% involving Native families, an increase of more then 50%. Realizing the value of FGDM meetings, CFSD has increased FGDM staff and worked to provide this service to every possible family. The number of Native families served will likely continue to rise as a

result of state funding that is now available to tribes, under the new Title IV-E contracts, to hire their own FGDM staff. The decision to add state funding for FGDM staff to the Title IV-E contracts was an outcome of requests by all of the tribes, during Title IV-E state/tribal negotiations, to make FGDM meetings more available in reservation communities and more culturally relevant in the work with Native parents and children. Tribal Social Service staff are invited and attend FGDM meetings and court hearings in ICWA cases where the tribe has intervened.

The Child and Family Services Management Reports also indicate an increased use of Kin as placement resources for children. In 2003 **Kin placements** were 19.11% of total out of home placements. By 2007 the percentage had increased to 26.6%, an overall increase of 39%.

Item 8 of the **CFSD Peer Case Reviews** is designed to "determine whether concerted efforts were made, or are being made, to achieve reunification, guardianship, or permanent placement with relatives in a timely manner. Reviews of 60 cases completed between 10/1/05 and 3/31/07 rated this item as "strength" 91.6 % of the time.

Montana's **data profile** contradicts our state data. In fact, the data indicates that Montana scored better in 2005 than in 2007. Montana's scores for reunification in less than 12 months and the median stay do not meet the standard. The score that most affects the overall rating is the percentage of re-entries within 12 months. Our research into the reasons for this is discussed under Item 5, Foster Care Re-entries.

An example of a **promising approach** to practice that may lead to improved outcomes in the areas of reunification, guardianship and placement with relatives is the recent **reorganization in the Great Falls CFSD office**. The office reorganization contains several important components. Instead of having the 'investigative' worker pass the case onto an 'ongoing' worker as is done in most areas, Child Protection Specialists now retain case responsibility from the time of investigation through permanency. This has enabled staff to work more intensively with families directly, as well as coordinating other community services for the family such as mental health or CD treatment services. Relationships with families are easier to build and sustain over time, according to comments made by Great Falls Supervisors at a recent CFSD supervisors meeting. One of the work units, the Intensive Services Unit, is given a reduced caseload in order to provide more intensive services. This office also has full-time In-House In-Home Services staff available for families. This has increased the responsiveness to families and improved the coordination of services within the office.

As mentioned earlier, early and ongoing utilization of the FGDM process is recognized as a key practice tool in placement prevention and in reunification.

There are several issues that present **ongoing challenges**. Proximity of relative resources for possible child placement is an issue as well as the amount of travel that is required for relatives to attend FGDM and other important meetings involving their family. The lack of close proximity also slows the process of assessment of those families that may be appropriate resources for placement. Another barrier has been the limited number of licensed Indian foster families available as preferred placement resources for Indian children under ICWA.

Item 9: Adoption. *How effective is the agency in achieving timely adoption when that is appropriate for a child?*

Policy regarding timely FGDM's, diligent search, permanency planning meetings, permanency hearings, and FCRC meetings provide strong support for timely adoption. When a child who is legally free has no

identified adoptive family, the permanency team is to review the child's situation and develop a plan to identify an approved adoptive family and place the child adoptively. The plan must be presented to the court at the 12-month permanency plan hearing. The worker must provide a written adoption referral packet to a Family Resource Specialist (FRS) or supervisor. To expedite adoption subsidy processing, the referral must be submitted in conjunction with a Permanent Legal Custody/Termination of Parental Rights hearing.

Montana policy requires that **foster/adoptive home applications** be processed within 6 months from the date of application. Adoptive families are trained in the same manner as potential foster families, but are required to take an additional 12 hours of training specific to adoption. (see Item 42) If a prospective adoptive home has not been identified within 30 days of the date the PLC hearing is completed, the child's social history must be circulated within DPHHS and to other licensed adoption agencies. (If the foster parent(s) are an approved adoptive family and are determined to be an appropriate family for the child, circulation is not necessary.) The social history is sent to all FRS's and Permanency Planning Specialists (PPS) and to appropriate Tribal agencies. A hard copy may be sent to the licensed adoption agencies. A selection committee consisting of the placing worker and the worker's supervisor, the family resource specialist and supervisor, and the permanency planning specialist reviews the information on families submitted for consideration and selects the family that best meets the child's needs. The selection process is repeated until the majority of the committee members agree that an appropriate adoptive family has been located and has agreed to proceed with the placement. If an adoptive family has not been located within 30 days after the social history of the child is circulated, the child must be referred to *AdoptUSKids,* if the Department has been granted PLC. After PLC with the right to consent to adoption is granted, a child may also be referred to the Montana Waiting Child Program (for child-specific adoptive family recruitment via a television spot). Whenever ICWA applies, ICWA placement preferences must be followed.

Delays can occur under special circumstances: (1) at statewide policy trainings in fall 2007, some staff expressed reluctance to refer a child to AdoptUSKids and the Waiting Child program because an out of state adoptive placement might disrupt the child's connections with birth siblings or other relatives or the child and adoptive family might not have adequate support services after adoption in an another state; (2) concerns about publicizing the child's information and about how the child may feel if no family is found were also expressed; (3) some staff and Guardians Ad Litem, out of reluctance to destabilize the child and cause additional attachment disruptions, resist seeking adoptive families for a child in a stable foster care placement even when the foster parents clearly indicate their unwillingness to adopt or become guardians.

Changes in practice have occurred since the 2002 CFSR. Montana law now allows adoption records to be made available for federal reviews. Eligibility for Title IV-E adoption subsidy now is determined by the IV-E unit and adoption subsidy negotiation and approval are done by the Adoption Subsidy Program Manager in Central Office. These practice changes have streamlined and standardized both processes. Timeliness to adoption data is kept in a tracking spreadsheet for finalized adoptions. Data reports from our SACWIS system are available to assist PPS's in identifying children legally free for adoption without an identified adoptive family. Documentation of diligent efforts to achieve permanency (including adoption) through FGDMs and permanency planning meetings has become more standardized and is included in the case file. FGDM meetings are offered to all families whose children enter care unless the parents decline or there is a valid reason not to offer one.

Montana passed Permanency Composite 2, Timeliness of Adoptions. For the time period, 4/1/2006 through 3/31/2007, AFCARS data indicates Montana ranks 3rd out of 47 states. Montana's scaled score for this composite was 125.7. (National standard was 106.4 or higher.) This score shows improvement

over past years. As of May 13 of this fiscal year, SFY 2008, (July 1, 2007- June 30, 2008), 190 CFSD adoptions were finalized. 64 percent of the children were adopted by non-related foster parents. 36 percent of the children were adopted by relatives. Virtually all of the relatives who adopted children from Montana foster care were also licensed as foster parents for those children.

For period 4/1/2006 through 3/31/2007, of all children discharged from foster care to a finalized adoption, 32.6 % were discharged in less than 24 months from removal from home. (National standard is 36.6%.) Median length of stay in foster care for these children was 29.4 months. (National standard is 27.3 months or less.) For children in care 17 or more months, who were not reunified with parents or placed with another relative or with a guardian, 25.7% were discharged to adoption. (National standard is 22.7%). For children in care 17 or more months, the percentage who became legally free for adoption during the first six months of the period was 18.6%. (National standard is 10.9%.) For all children who became legally free for adoption in the 12 months prior to this period, 46.2% were discharged to a finalized adoption in less than 12 months after becoming legally free. (National standard is 53.7%)

Montana exceeds the national standard composite score for the above measure, but falls below the 75th percentile on two of the measures. Finalization takes longer than 24 months from removal when there are **delays in freeing the child legally** for adoption per continuances, TPR appeals, and "exceptions" granted by the court when a child is placed with kin or the court determines TPR is not in child's best interests, when the child has very high emotional/behavioral needs or medical issues and requires an adoptive family that can meet those needs (or requires a more supported therapeutic placement), and when the adoptive placement occurs via ICPC (Interstate Compact on the Placement of Children). The above factors also affect median length of stay in care. For children in care 17 or more months needing adoptive placement being discharged to adoption, Montana meets the national standard. The influence of Montana's participation on the Breakthrough Series of Collaborative for Improving Permanency for Older Youth, and of the permanency workgroup and the efforts of the regional permanency planning specialists may be positively impacting this measure. There have been an increased number of adoptions of children in therapeutic foster care by their foster parents. Specialized caseloads of older-youth in some offices and youth-centered meetings may also be helping identify potential resources for these children. These same factors may also be influencing the data positively for the measure of children in care 17 or more months who became legally free for adoption during the first six months of the period. For children who became legally free for adoption in the 12 months prior to the period who were not adopted within 12 months of becoming legally free, Montana scores below the 75th percentile. This may be related to the number of children whose needs exceed a family's ability to care for them or who require therapeutic foster home placement, or possibly to delays related to ICPC placement.

Montana's **peer case file review data** for Item 9, Timeliness of Adoption, supports findings of the data profile. For the 10/1/06 through 3/31/07 Period Under Review, this item was rated as a strength in 55.56% of applicable cases reviewed. For 10/1/05 through 3/31/06 it was rated a strength in 52.94% of applicable cases reviewed. For 4/1/06 through 9/30/06, it was rated as a strength in 84.21% of applicable cases reviewed.

Since the last CFSR, the agency has made increased efforts to place children for adoption in a timely manner through use of permanency planning meetings and FGDMs and to better document those efforts in the child's file. Documentation of efforts to achieve permanency is monitored during case file reviews.

For all of the **measures that are affected by lack of adoptive family resources** (including concurrent families), a significant factor is the rural geographically large areas of the state. Also, state adoption data includes a small number of tribal social services cases and private adoption cases for which the state has approved Title IV-E adoption subsidy. Those cases are not managed by our agency. Some are determined

in tribal courts rather than state district courts and follow tribal codes and tribal social services policies. Another issue affecting our data is that adoption finalizations are not entered into our data system until after Central Office receives a certified copy of the adoption decree, so adoptions finalized near the end of an AFCARS period may not appear until the next period. A small number of guardianship cases have proceeded to adoption, so they are not actually foster care to adoption situations. Because Montana's population of children in care is small, overall percentages are more strongly affected by individual case situations. This is especially so for the state case file review data.

PPS's help staff to focus on permanency planning and timely progress toward permanency and provide **post adoption services** upon referral, often via collaboration with other agencies and funding sources. Supports for families adopting children with significant special needs exist in Montana but are not available in all areas. There are some effective adoption-competent mental health providers and family-based therapeutic services providers but not enough and not in all parts of the state.

Promising approaches include FGDMs and early family identification meetings, youth-centered meetings, placement with kin if possible, concurrent placement if appropriate and where resources exist, concurrent planning from start of case, use of Wendy's Wonderful Kids recruiters in Helena, Missoula and Billings areas to find adoptive families for hard to place and older children, working closely with tribal social services staff and providing training on Title IV-E adoption subsidies available for eligible children in tribal care (including for customary adoption), and supporting contact between children in care and extended families. Helena, Billings, and Missoula have multiagency collaborative groups that recruit, support, and provide training for foster and adoptive families for all their agencies. A few private licensed child-placing and adoption agencies provide therapeutic foster care services, adoption services, and post-adoption services and contract to serve children in state custody. Several children have been adopted by their therapeutic foster parents. Intermountain (a private agency) is collaborating with our agency to develop a Permanency Project to provide support to families fostering or adopting SED youth by offering more issue-focused training and possibly a crisis support line. A portion of the funds from Montana's adoption incentive award for FFY 2007 will be used to contract with private adoption agencies and qualified individuals to complete adoption home studies for our agency

At a **community stakeholder meeting** in Missoula in fall 2007, a comment was made that the Western Region has finalized many adoptions plus provided additional support and has had good success with post-adoption services, and that this has been very positive. Also noted was there seems to be insufficient funds to support families after they have adopted children with multiple challenges. In a community meeting in Kalispell in fall 2007, a comment was made that children are getting to permanency (of all kinds) faster and at a younger age. Kalispell now offers a Family Identification Meeting within a day or two of removal to identify supports and placement resources immediately, before the FGDM can be arranged. Comments from stakeholders indicate the new practice is effective.

Staff comment that using the SAFE home study process streamlines the process of adoptive home study because it is a thorough universal study. Other comments indicated that family support services within the foster or adoptive home seem much more effective than outpatient services in maintaining placement stability (which has a positive effect on timeliness to adoption). A need was expressed for in-home/reunification support services to be well-trained and more accessible statewide.

The Billings area has a strong practice of **concurrent placements**. Billings and Great Falls provide frequent pre-service training for resource families. Other areas report more difficulty recruiting and training families and fewer family resources to the degree that they have more difficulty making concurrent placements. Staff in Billings noted they need more administrative staff to help prepare adoption finalization packets. The Western Region has contracted with a private agency to complete and

send adoption finalization packets to Central Office. Wide variation exists in the frequency that pre-service training is offered, depending on location and workload of FRS staff. Great Falls and Billings offer it most frequently-rural areas less often. Families can choose to attend pre-service training in another location. Initial pre-service training is available by videotape for use by families who cannot attend in-person training within a reasonable time.

Since the last CFSR, the agency formed a **Permanency Workgroup** and also a **Recruitment and Retention Workgroup**(see Item 44). The Permanency Workgroup developed and presented tools to support permanency efforts, including a permanency checklist for supervisors to use in staffings and a list of resources for conducting a diligent search.

Key collaborators on achieving timely adoption include: attorneys, judges, Montana Supreme Court, CASAs, guardians ad litem, private contractors who complete finalization packets or adoptive studies, private contracted child placing and adoption agencies, tribal social services agencies and tribal courts, regional and local recruitment and retention committees, multiagency groups like Family Find in Helena and Forever Families in Billings, and Montana Medicaid Children's Mental Health Bureau. The National Resource Center is providing technical assistance via contractor Janyce Fenton to help Montana improve family-centered practice and permanency efforts. Rachel Yarbrough of the Adoption Exchange met with Program Managers and PPS's about ways to promote use of AdoptUSKids by staff. This collaborative work is ongoing.

Barriers to achieving timely adoption (per input from community meetings and CPS supervisor meeting) include insufficient licensing staff for the workload in some areas, home studies taking additional time as staff get accustomed to the SAFE model, ICPC cases often requiring TPR before an adoptive study can be requested from other states, the need for greater numbers and wider availability of adoption-competent therapists and family based services to support SED children and their families, and delays in children becoming legally free for adoption.

Item 10: Other planned permanent living arrangement. *How effective is the agency in establishing planned permanent living arrangements for children in foster care, who do not have the goal of reunification, adoption, guardianship, or permanent placement with relatives, and providing services consistent with the goal?*

A planned permanent living arrangement may be the most appropriate permanent placement option when reunification, placement with a non-custodial parent, adoption and guardianship are not appropriate or not in the child's best interests. **Policy** requires that a determination that a planned permanent living arrangement is the most appropriate option must be made at a permanency staffing. Permanency staffings may be combined with Foster Care Review Committee meetings or other meetings or staffings in which permanent placement of the child is discussed and at which required permanency team members are in attendance. Documentation of the results of the staffing including time lines and the name of the person responsible for completing tasks necessary to achieve the plan are to be maintained in the case file.

Unless a FGDM has been held within the first 90 days after placement, a **permanency staffing** is to be held within the first 90 days, nine months following placement and every six months thereafter unless an exception has been granted. Exceptions may be granted for children in long term group care and on a case-by-case basis with the consensus of the required team members. Required members on the Permanency team include the child protection specialist for the child and the child protection specialist supervisor, the family resource specialist or family resource specialist supervisor and the permanency planning specialist.

During the most recent peer case review period (10/1/06 to 3/31/07), the largest number of cases (13) of any review period since 10/1/03 were reviewed and all cases were rated as a strength for this item.

The children for whom a planned permanent living arrangement is most likely to be established are children over the age of 12. **Children over age 12** comprise approximately 1/3 of the foster care population. The appropriateness of services provided to these youth is reviewed at Foster Care Review Committee meetings, permanency staffings and permanency plan hearings.

Montana's participation in the Region VIII Breakthrough Series Collaborative on Permanency for Older Youth in 2006-2007 focused attention on the need for permanency for older youth. One result has been a staffing change in which some child protective services staff have been designated to carry a specialized caseload of older youth. This allows the CPS to focus on the services and needs of these older youth, including the need for permanent placement and connections.

Montana's Chafee Program, which is called the Montana Foster Care Independence Program (MFCIP), has provided services to youth through contracts with some tribes and with a private provider. Although no change is planned at this time for the tribal contracts, the department is not renewing the contract with the private provider and will begin providing the services utilizing department staff beginning April 1, 2008. This change is expected to result in better services to youth preparing to transition from foster care. The contracted services were only available in major urban areas and youth were referred to the program by the child protection specialist.

A **Transitional Living Plan** (TLP), which identifies the programs and services to be offered to the youth, must be developed with youth 16 and older within 60 days of their placement in foster care. Update meetings need to occur at least every six months to review the progress and update the TLP as needed. Child protection specialists are to actively participate in the development and update of the TLP and whenever possible the youth will attend meetings to develop or update his/her plan. The youth also attends the FCRC when appropriate. Child protection specialists are encouraged to have youth age 13-15 and their foster care provider complete a life skills assessment and use the results to identify the youth's strengths and needs and provide a framework for the foster parent's work with the youth.

A child may be emancipated at the age of 16. Foster care payments end when the child reaches the age of 18, but can be extended under special circumstances to age 21 only with approval by the Division Administrator.

A **planned permanent living arrangement (PPLA)** may be a permanency option for a child if other, more permanent options, are not appropriate for the child or not in the child's best interests. For the court to grant long-term custody and approve a planned permanent living arrangement for a child, the court must find, by a preponderance of evidence, that **specific statutory requirements** have been met. A planned permanent living arrangement formalizes an existing placement through a written agreement between the foster family, the child (if age 12 or older) and the Department. The youth's birth family may participate in the decision to make the placement permanent. Long term custody of a child may also be appropriate for a child who has an emotional or mental handicap that is so severe that the child cannot function in a family setting and the best interests of the child are served by placement in a residential or group setting. In order to determine the appropriateness of a PPLA, the case will be staffed by a Permanency Team. Once a final determination has been made, a planned permanent agreement must be signed by all appropriate parties. A signed copy of the agreement is provided to the child (if over age 12) and the foster parents and a copy placed in the child's case record. Birth parents names are included in the agreement if their rights have not been terminated and/or if they have participated in the decision to make the permanent placement.

Although not a barrier to establishing planned permanent living arrangements, the fact that there is a limitation on the availability of Title IV-E subsidized guardianship payments is **a barrier** to establishing guardianship for more children. Both workers and prospective guardians or adoptive parents cons

financial costs associated with proceeding with guardianship or adoption (both of which provide less financial support than continued foster care) when determining what is in a child's best interests. Since many children in foster care will not have graduated at the time of their 18th birthday, the fact that guardianship and most adoption subsidies end at age 18 make planned permanent living arrangements, which come with a higher level of financial support, more appealing to the caretaker. The financial assistance available through the MFCIP is also a consideration.

Montana scores poorly on Measure C3-3, "Growing Up in Foster Care" – 72% compared to a national median score of 47.8% of kids who age out after 3 years or more in foster care. It is believed that the scenario described above contributes to the low score. In researching a random sampling of these cases, many of these children are found to continue living with their foster family after aging out; some return to their birth parents; some are moved to an adult foster home, but whichever of these scenarios might apply, the exit reason on CAPS simply indicates, "aged out." It would be beneficial to be able to track the number of children who age out but still have permanent connections. No system is in place at this time to track this.

Steps being taken to address **permanency of older youth** include:

1) CFSD has negotiated a Memorandum of Understanding with the CASA program in Kalispell to mine files of older kids in care to locate family members of those children. This is a pilot and may be extended to other areas.
2) Discussions are underway with Family Find in Seattle to explore the possibility of contracting with them to locate family members of children in care.
3) The Division Administrator and several Regional Administrators attended the 2008 National Convening on Youth Permanence in May and developed a plan for increasing youth involvement in their decision-making.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

Item 11: Proximity of foster care placement. *How effective is the agency in placing foster children close to their birth parents or their own communities or counties?*

The location of the child's family and the need to maintain contact with family members is one of the criteria considered when selecting a placement for a child. **The goal** is to place the child within their own county or within 25 miles of their home. Despite limited placement resources, this is an item for which Montana does well. Montana passed this item during the previous CFSR and no data was maintained during the PIP. Data from the peer case reviews reflects continued strong performance for this element with an average of 98% of applicable cases rated as a strength for this item.

There are many **factors which challenge continued strong performance on this item**. Lack of placement resources and limited services in many areas of the state make it necessary to place children away from their home community in order to receive the services that the child needs. Older children, children who have been in care for a long time or children who are more damaged by the abuse and neglect they have experienced may need to be placed in a group home or residential treatment centers. In some instances, these children may need to be placed out-of-state.

Item 12: Placement With Siblings. *How effective is the agency in keeping brothers and sisters together in foster care?*

Montana **policy** states that siblings are to be placed together whenever possible; if placement with siblings is determined not to be in the best interests of the child, the reasons must be documented and submitted to the child protection specialist supervisor for approval. If siblings in foster care have not been placed in the same home, or if some siblings remain in the parents' home when others are placed in foster care, the child protection specialist must ensure that visits between the siblings occur. The frequency of these visits is discussed at the Family Group Decision Making meeting. Montana has emphasized in trainings and throughout policy that placement with siblings is a priority.

The 2002 CFSR results indicated that Montana received a rating of 87.5% for this item. Because this item was rated as a strength, it was not included in the Program Improvement Plan.

Case review data shows that during the first period under review (10/1/05 – 3/31/06), 87% of the cases reviewed were rated as a strength with regard to placement with siblings. In the second period under review (4/1/06 – 9/30/06), 100% of the cases reviewed were rated as a strength and in the third period under review (10/1/06 – 3/31/07), 91% of the cases reviewed were rated as a strength. Of the cases rated as an area needing improvement (four in PUR 1, zero in PUR 2 and three in PUR 3), the reasoning for the ANI rating in six of the cases was a lack of documentation regarding why siblings were not placed together and in one case, an inappropriate reasoning was provided for siblings not being placed together.

The revelation, through file case reviews, that **documentation** regarding sibling placement is not consistent, prompted the Program Improvement Group to recommend that a question be added to the child's case plan that asks if the child has been placed with their siblings and if not, prompts the child protection specialist to document the reasoning for this decision. By adding this question to the case plan, child protection specialists will no longer have to remember to document their decision-making around sibling placement in their case notes. Foster Care Review Committees will have updated information at each review. In addition, it will make it easier for reviewers to locate information in the case file regarding sibling placement as it will be documented in the child's case plan. Case plan revisions have been submitted to the CAPS programmers and are awaiting production.

Overall, **Montana's performance** on this item has been rated as a strength fairly consistently over several review periods and during the 2002 CFSR.

Item 13: Visiting with parents and siblings in foster care. *How effective is the agency in planning and facilitating visitation between children in foster care and their parents and siblings placed separately in foster care?*

Montana **policy** states that it is a fundamental right for children in foster care to have visits with their parents. Visitation provides an opportunity for the child and parent to reconnect and to maintain the parent/child relationship without which successful reunification is unlikely to occur. Frequency of visitation is determined during the family group decision-making meeting and documented in the visitation plan.

In rare circumstances, if the child protection specialist believes that the child's health, safety and well-being cannot be protected during visits, the concerns must be reviewed with the supervisor. The child protection specialist must obtain supervisory approval that is documented in the case record, and as necessary, approval from the court, prior to a reduction or denial of visits. The child protection specialist

must provide written notification to the parent(s) advising them of the reduction or denial of visits within five days of receiving approval.

If siblings in foster care have not been placed in the same home, or if some siblings remain in the parents' home, the child protection specialist must ensure that **visits between the siblings** occur. The frequency and plan for visits should be discussed at FGDM meetings, permanency staffings and FCRC meetings. Sibling visits may occur at the same time as visits with parents, relatives or other significant people as determined appropriate by the child protection specialist.

The **initial visit** between a parent and child **must be supervised** and should be supervised by the child protection specialist whenever possible. A determination as to whether subsequent visits need to be supervised to ensure the safety of the child must be made and the justification for the type and level of supervision included in the written visitation plan. Factors to be considered include: the age of the child, the severity and chronicity of the abuse/neglect, the potential for abduction of the child, emotional reactions of the child, the risk of inappropriate or unpredictable behavior of the parent, and the progress of the parent learning new parenting skills. Visits may be supervised by the child protection specialist, another Division staff, in-home/reunification services provider, other contracted party, foster care provider or relative of the child as approved by the child protection specialist and supervisor. Many visitations in Montana are supervised by contracted in-home/reunification services providers.

In response to the initial PIP, the Division introduced two visitation forms to better track supervised visitations and to ensure consistency in documentation across the state. The **Parent-Child Interaction Plan** outlines the schedule and guidelines for visitations. The Plan is filled out by the child protection specialist with the parent. The **Summary of Parent-Child Interaction form** is utilized to document visitation activities and interactions and assess the parent's skills. The Summary of Parent-Child Interaction form must be filled out for every visit.

Information regarding visits or other contacts between the child protection specialist and the child, foster care provider, birth parents and contacts between the child and his/her parents must be recorded on ACTD, the **Activity Detail screen on CAPS**. ACTD must be completed in addition to the Summary of Parent-Child Interaction form; however, text on ACTD can reference the completed form, rather than rewriting the information.

Peer case reviews show that from 10/1/05 – 3/31/07, 61.32% of the cases reviewed statewide had sufficient frequency and quality of visitations between the child, parents and/or siblings. Ratings have improved over time – in the most recent period under review (PUR) 67.57% of cases reviewed received a 'strength' rating. During the initial PIP, Montana's baseline rate for this item was 36% with a final goal of 41%. Results for the four quarters of PIP reviews were 67%, 68%, 56% and 59% respectively. Montana realizes continuing improvement on this measure.

Regional performances are as follows: Region 1 received an overall rating of 29.41% for all three periods under review; Region 2 had the best overall rating of 76.47%; Region 3 had 65.71%; Region 4 had a 75% overall rating; and Region 5 had 60%.

Of the 41 cases rated as an area needing improvement out of 106 reviewed cases, the primary reason for the rating was a lack of documentation of visitations (32 cases). The next most common reason for the ANI rating was a lack of documentation of sufficient quality of visits between the child and his/her parents and/or siblings (7 cases).

One reason for the lack of documentation may be related to the forms introduced in 2004 to document visitations. Although the Parent-Child Interaction Plan and Summary of Parent-Child Interaction forms were introduced to increase consistent documentation, feedback from field staff and contracted in-home/reunification services staff was that the forms were cumbersome and ineffective. The Parent-Child Interaction Plan did not allow for changes or variations in the visitation plan and the Summary of Parent-Child Interaction form had questions that were redundant and did not apply to every situation. As a result, many field staff and contractors were reluctant to use the forms, which is one possible reason that documentation of visitations remains inconsistent. In response to the concerns identified, the Division revised the forms to be more user-friendly and case-specific. The **revised forms** were introduced and trained at the regional policy trainings in September, 2007 and implemented October 1, 2007. It is hoped that the revised forms will be easier to use and more functional and that this will in turn improve consistency of documentation across the state. This will be monitored through the ongoing case file review process.

Other documentation issues likely affect this item. First, if visitations are scheduled and conducted by the foster care or kinship provider, they may or may not occur consistently and the child protection specialist most often does not receive any documentation of the visitation. Second, the decision to restrict visitations is often not consistently documented resulting in the appearance that visitations were simply not scheduled or did not occur.

As mentioned earlier, another revision is in the works, in that the child's case plan will soon include specific questions about sibling visitations; the plan for visits and space to document the reasons why visits may not be occurring. Case plan revisions are currently being programmed by the CAPS system contractor. This change will hopefully increase performance on this item.

Barriers to visitations occurring consistently in Montana include geography and transportation. In rural communities, families often have to travel significant distances to obtain services and attend visitations. Children may be placed in the nearest available placement, which might be several hours away. Public transportation in Montana's more rural areas is virtually non-existent. Rural populations are spread out over long distances and if the family does not have their own vehicle, they may be unable to attend visitations as regularly as they might in a more urban community. Child protection specialists in rural areas often spend significant amounts of time transporting children and families to visitations whenever possible. However, even when the child protection specialist is available to transport, hazardous weather and road conditions during the winter months in Montana frequently limit travel. As such, visitations may occur less frequently and consistently during the winter months simply due to poor travel conditions.

In addition, the shortage of service providers in rural areas, including in-home/reunification services may create further barriers to scheduling visitations. Also, children placed in residential treatment centers or group homes often have to be placed out of the area to receive these services, which reduces the likelihood of parent and sibling visitations from occurring.

Despite geographic and distance barriers in rural communities, Division staff have indicated that they prioritize parent-child visitations and make diligent efforts, often driving many hours a week to facilitate these visits. In some areas, child protection specialists have sought out cash donations from community businesses to assist families with transportation costs to and from visitations.

Item 14: Preserving Connections. *How effective is the agency in preserving important connections for children in foster care, such as connections to neighborhood, community, faith, family, tribe, school, and friends?*

Our policy recognizes the need for youth to retain connections with all of the important relationships in their lives. Child and Family Services policy states that should out-of-home placement be necessary the first priority should be to place with a non-custodial parent, if possible, then with a member of the child's immediate family, other relatives or friends, or lastly, placement in a non-relative licensed youth foster home.

Policy that recognizes the importance of preserving connections for children states that placement of a child "in close proximity to the home of the birth parents" should be honored whenever possible and appropriate. This affords the child the maximum opportunity for visits with his/her birth parents while services are provided to the family. This also allows the child the opportunity to remain in their own school and retain connections with friends, church and other important relationships. Our policy further recommends that "siblings be placed together whenever possible" and encourages the involvement of birth parents to the extent possible in planning for their child's out-of-home placement. On ICWA cases, the policy states that active efforts with the family be made to prevent placement and that if placement is necessary, ICWA placement preferences be followed.

Recent changes in Child and Family Services policy requires Child Protection Specialists to visit each child on their caseload once per month at the child's residence. This increases the child's interaction with the agency and allows for the child's thoughts, desires, and concerns about connections to their family, friends, tribe, etc. to be honored. Monthly visits with each child in care at their residence, has been a requirement since October 2007 and Child Protection Specialists are expected to modify their practice in order to comply with this new policy.

Family Group Decision Making meetings provide an opportunity for **parents and relatives** to be **actively involved in the planning** for the children that have been placed in care. They also help children maintain their current connections to family and increase their opportunity for expanded family connections in the future.

The increased use of **Kinship care** homes is an indicator of improved connections for foster children. CFSD management reports indicate a significant increase -- in 2003, kinship placements were 19.11% of the total number of out-of home placement choices; the percentage of kinship placements in FY 2007 was 26.6%.

Even though our policy emphasizes placement with kin, placement within close proximity to parents and placement according to ICWA placement preferences for Native children, other factors affect the ability of CFSD staff to consistently apply this policy to everyday practice. One overriding factor is the **availability of resources** best suited to meet the specific needs of the children in care. Children who are placed close to the larger Montana communities, such as Billings, Missoula, Great Falls, Helena and Bozeman have access to medical and mental health services not readily available in smaller communities or on reservations. Children with significant medical or mental health needs may be placed closer to appropriate resources and farther from their family. Additionally placement with kin may not be possible unless the kin placement family lives close to the parents, particularly when the goal is reunification. Placement with family for ICWA children can also be affected by the lack of family resources if placement is made in communities that are distant from reservation communities. The limited number of licensed Indian foster parents in communities that are not on or adjacent to reservation communities also affects the ability of Child Protection Specialists to place according to ICWA placement preferences. All

of these factors may significantly affect the child's opportunity to maintain or increase positive connections with family and other relationships of significance.

Child and Family Services has a clear policy on all of the unique legal and social work practice aspects of **ICWA.** All CFSD staff have access to a list of the primary ICWA contact persons for each of Montana's tribes. Field staff are also provided with a list of National Tribal ICWA contacts, including phone numbers and addresses. The ICWA Program Specialist is responsible for providing training on ICWA each year to all CFSD staff throughout the state. This individual also provides training on ICWA as part of a training package for new CFSD employees. The ICWA Program Specialist is available by phone or e-mail for consultation with CFSD staff on individual cases. This individual is also knowledgeable of tribal social services personnel and serves as a program liaison to the tribes and a link between state staff and tribal staff.

Last Spring the ICWA Program Specialist and the Title IV-E Program Supervisor met with staff representing eight of Montana's tribes. The purpose was to obtain **tribal perspectives** of our Division's compliance with the Indian Child Welfare Act. The meetings focused specifically on the following aspects of ICWA: our agency's process for identifying Indian children; legal notification of Indian parents and Tribes regarding District Court proceedings; compliance with ICWA placement preferences for foster care and adoption; active efforts by CFSD staff to prevent the breakup of the Indian family; and the use of Tribal Courts in child welfare matters, including the tribal right to intervene in State proceedings, or transfer proceedings to the jurisdiction of the Tribe. Tribal representatives included tribal social services staff, tribal judges and other tribal court personnel, as well as tribal attorneys. Separate meetings were held on all seven reservations. Similar meetings with Tribes occur on an ongoing basis.

In general Montana's tribes indicated they are satisfied with CFSD's efforts to comply with ICWA. They are particularly pleased with the **communication between tribal social services and the CFSD Program** Bureau staff. The Northern Cheyenne felt that tribal notification, use of "active efforts" and attempts at placement preference compliance were strong points. They were also pleased with the ongoing communication between state Title IV-E central office staff and tribal Title IV-E foster care staff. The Crow generally felt positive about the state's efforts regarding ICWA but felt that there were challenges at the local level that needed to be resolved. They would like to be better utilized as a resource for Crow children that are in state custody.

Rocky Boy's staff felt that communication was a strong point. However they identified some problems with the tribal notification process. They felt that the notification from CFSD staff should be more specific if possible since they are only one of several Chippewa tribes in the area that includes North Dakota, Minnesota, Wisconsin and Michigan. Rocky Boy staff also expressed satisfaction with their relationship with staff from the local CFSD offices. They are notified of FGDM meetings and participate in case planning in cases involving their tribal children.

Fort Belknap Social Services staff felt that CFSD did a good job with identifying Indian children and giving the tribe notice of legal proceedings involving their children. Challenges include inconsistent inclusion in case planning, participation in FGDM meetings and lack of tribal involvement in the service plans written for Indian parents who are members of the Gros Ventre or Assiniboine tribes.

The meeting with the Confederated Salish/Kootenai tribe (CSKT) resulted in very positive feedback regarding ICWA compliance and overall cooperation with CFSD local office staff as well as our Central office staff. CSKT staff feel that the notification process is working well for the most part with only occasional problems that are readily resolved through direct communication among staff of the two agencies. State staff notify the tribe when looking for an ICWA preferred placement and tribal staff are

often helpful in locating a resource. However, the lack of licensed Native homes can be an obstacle. The tribe's attorney often provides assistance to local county attorneys to insure that court orders are written properly and notices are given in a timely fashion. There is also excellent cooperation between the state and the tribe regarding CPS investigations.

Promising approaches that are likely to positively affect each child's ability to maintain important connections include changes in the tribal/state Title IV-E contracts, and enhanced information regarding the Indian Child Welfare Act. The state has allocated additional money in the new tribal Title IV-E contracts to help tribes hire their own FGDM staff. This could lead to increased development of Native relative placement resources and increased availability of these resources to CFSD staff, as well as improving the possible family and cultural connections that may be developed for Native children.

There are also plans to develop a specialized version of the **Legal Desk Book** (described in the Training section of this assessment) on all of the aspects of the Indian Child Welfare Act. The goal would be to make the legal and social work processes explicit, easier to comply with, and supportive of a primary goal of ICWA, that of retaining connections with family and culture.

Item 14 of the CFSD **Peer Case Review** instrument is designed to "determine whether the agency made concerted efforts to maintain the child's connections to his or her neighborhood, community, faith, extended family, tribe, school, and friends." Reviews of 60 cases rated this item as a "strength" 90% of the time.

An **ongoing challenge** faced by staff is maintaining an adequate number of foster homes throughout the state that meet the physical and mental health needs of the children placed while also being close enough to family to help the child maintain connections. There is also the additional difficulty in placing siblings together if there is a large sibling group. Each child's individual needs may dictate the need for different placements of siblings. This potentially limits the personal family connections of the children with their family and could also limit the child's cultural development, especially of Native American youth. The number of licensed kin families is also a potential barrier. While the use of kin as placement resources has increased, the number of licensed kin families has actually decreased since 2001 from 20.5% to 19% of all licensed homes in 2007.

Additionally there are **limited licensed Native American families** for a Native American caseload. Of the 856 licensed foster homes in 2007, 148 or 17.3% were tribally licensed homes on or near reservation communities. Of the 364 respondents in a recent survey of foster parents, conducted for CFSD by the University of Montana, 306 or 84%, classified themselves as White/Caucasian while only 14 or 4% classified themselves as American Indian/Alaskan native. While the survey data supports the figures showing small numbers of Indian foster parents, it also is an indication of the limited feedback received from those Indian parents who are licensed and participated in this survey; 3.8% vs. 35.7% for non-Indian families.

The need for ICWA preferred placement options for Indian children remains high, particularly for those children in state custody. A review of recent statistics, extracted from our information system, shows a total of 637 Indian children were in placement through District or Tribal Courts. 232, or 36.4%, of these children were placed with Indian families. The total number of Indian children placed in non-Indian homes was 405 or 63.6%.

Item 15: Relative Placement. *How effective is the agency in identifying relatives who could care for children entering foster care and using them as placement resources when appropriate?*

The Department's **policy** (Section 304-1) requires that the non-custodial parent be looked at as the first placement option for a child being placed in foster care. When the worker determines that court action is necessary to protect the child and the action does not involve both legal parents, the worker must perform a diligent search for the non-custodial parent. Information about the non-custodial parent could be obtained from the custodial parent, either voluntarily or through court order, or consulting the State SACWIS system, Social Security Administration, the LexisNexis system, or Child Support Parent Locator Service.

If placement with the non-custodial parent is not possible, then a child should be placed with his kin when it is in his best interest and the home is approved (not necessarily licensed) by the Department. Preference must be given to kin when these two requirements are met. When children enter foster care, workers are encouraged to ask parents and other family members on both sides of the family, whenever possible, to identify kin who may be able to care for the children. In cases in which parents are uncooperative, judges can include language in the court order requiring parents to provide the worker with the names of kin. When children or their parents are Tribal members, the Tribes can also be contacted to help locate potential kin placements for the child. Montana has a broad definition of kin so this could include neighbors, teachers, godparents, or Tribal members who are not blood-related but have a strong tie to the child and family.

Family Group Decision Making (FGDM) meetings help to identify potential kinship providers and to seek input from family members about the most appropriate placement for the child. Policy was changed after the 2002 CFSR to require that a FGDM meeting be offered within the first 90 days of the opening of a case, regardless of whether or not the child has been placed out of the home. Staff was subsequently trained on this policy change at Policy Training.

Each region in the State has at least one FGDM coordinator responsible for organizing and conducting FGDM meetings for family members. These coordinators compile statistics on how many meetings they conduct each year and report these statistics to the State Central Office. During State Fiscal Year 2007, there were 829 FGDM meetings conducted in the State. Of these meetings, 185 (22%) were conducted for Native American children.

At the end of November 2007 there were 1641 children placed in foster care in Montana. Of these children 372 (22%) were placed in either paid or non-paid kinship care homes. The number of children placed with kin was 27% for SFY 2007 and 26% for SFY 2006. For SFY 2007, 7% of the children exiting care were placed with a non-custodial parent, while 15% were placed with a relative; 47% were returned home.

Peer case review of this item looked at whether the child was placed with kin; if so, whether the kin placement was the most stable and appropriate for the child's needs; and whether the Department looked at both maternal and paternal relatives when identifying and evaluating a placement resource for the child. The peer case review of 30-40 cases during the four quarters of the Program Improvement Plan (10/01/03-09/30/05) showed a 60% compliance rate during the first quarter and a gradual improvement to a 84% compliance rate by the last quarter with this outcome item. The peer case review of 44 cases from 10/01/05-03/31/06 and 37 cases from 04/01/06-09/30/06 both showed a 70% compliance rate. Reviewers noted the frequency of placements with relatives and non-custodial parents and the use of FGDM meetings and contacts with Tribes to locate relatives. Areas needing improvement included lack

of documentation that relatives were considered for placement and that both maternal and paternal relatives were considered as placement resources.

Placement with the non-custodial parent is presumed to be in the child's best interest unless there is good cause to the contrary. After a parent is identified the worker is to conduct a child protection check on the parent and a criminal records check when applicable. Good cause for not placing with the non-custodial parent includes a child protection history, termination of parental rights on the child or on other children, a conviction for certain felonies, or a history of mental illness which impairs the ability to parent. When a child is placed with a non-custodial parent, the parent is asked to complete a **Non-Custodial Parent Placement Agreement** with the Department.

The **Department assesses kin** on a number of factors. The ability to provide a safe placement for the child and ensure the child's well-being, for both the short- and long-term, is paramount. Factors which are looked at include ability to meet the child's need; race of the family in Indian Child Welfare Act cases; proximity to other family members, when appropriate; nature and quality of the child's relationship with the family; ability to protect the child from the perpetrator; and ability of the family to accept placement of the child's siblings, when appropriate. The placing worker and the family should complete a Kinship Care Agreement with the Department upon the placement of the child. Kin also have the option of applying to become licensed foster parents through the Department.

When non-custodial parents or kin are identified in other states, home studies are requested through the Interstate Compact on the Placement of Children (ICPC). For FFY 2007 Montana requested 234 home studies through the ICPC for placement of children in other states. Many of these requests (79 or 34%) were for relative home studies and 58 (25%) were for parent home studies. Some of the 97 foster and adoptive home study requests involved studies on relatives also.

Ongoing **key collaborators** on this item include the children's parents and kin, the Tribes, and workers in other states who assess kinship homes. Montana sometimes experiences delays in receiving studies from other states.

Participants in the Stakeholders' Meetings and at the November Supervisors' Meeting expressed positive comments about the Department's use of FGDM meetings and other contacts with family members and Tribes to identify kin. The Department also does a satisfactory job of assessing kin, although criminal record check requirements have lead to delays in approving some kin because of finger print rejections (see Item 43).

Item 16: Relationship of child in care with parents. *How effective is the agency in promoting or helping to maintain the parent-child relationship for children in foster care, when it is appropriate to do so?*

Frequent visitations and other forms of contact with the parent are the primary means of documenting the Division's efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child and his/her parents. Montana **policy** states that it is a fundamental right for children in foster care to have visits with their parents. Visitation provides an opportunity for the child and parent to reconnect and to maintain the parent/child relationship. In addition to maintaining the parent/child relationship, visits between the parent and child reduce the sense of abandonment that children experience due to placement; provide an opportunity for assessing the parent/child relationship; provide an opportunity for parents to practice new parenting skills; and provide the parents an opportunity to assess

their own ability to parent. It is the responsibility of the child protection specialist to ensure that visits between parents and children are scheduled.

Visitation should take place at a location that ensures the safety of all parties and will produce the most interaction between the parent and child. One of the factors to be considered when choosing the site for a visit is: what site will provide the greatest opportunity for positive interaction conducive to the child's development. Visits which involve parents in routine parenting activities such as preparing meals, feeding and diapering, attending school functions and medical appointments, helping children with homework or school projects, etc., are to be incorporated into the visitation plan to further facilitate the maintenance of the relationship.

Montana policy also states that when a child must be removed from the home of the custodial parent because of child abuse or neglect, the **non-custodial parent** must be the first placement option considered by the child protection specialist, unless there is documented evidence of safety concerns with the non-custodial parent. Montana statute (MCA 40-6-221) affirms the right of the non-custodial parent to care for the child stating that "the legal parents of a minor child are equally entitled to parent the child". In general, placement of the child with the non-custodial parent is favored over placement with a member of the child's extended family and is presumed to be in the best interests of the child. The Montana Supreme Court affirmed this premise in the appellate ruling of In the Matter of JB, 268Mont. 160,923 P.2d 1096, 1996 stating that "because birth parents have the legal right to parent their children, this right cannot be abridged by extended family members utilizing a "best interests of the child argument".

The Montana Child Welfare System **Survey** asked respondents whether or not additional funds provided since 2004 directed towards increasing supervised visitation between parents and children in foster care and increased training on meaningful visitation provided to field staff and in-home/reunification services providers had improved services in their area. 52.3% of respondents agreed or mostly agreed while 17.4% disagreed or strongly disagreed. 26.5% of respondents answered that they did not know and 3.6% did not respond.

During the initial **PIP**, Montana's baseline rate for this item was 40% with a final goal of 43%. Results for the four quarters of PIP reviews were 77%, 67%, 59% and 60% respectively.

Peer case reviews show that over all three periods under review, in 64.37% of the cases reviewed statewide, the Division made concerted efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child and his/her parents. Statewide ratings during each of the periods under review were 63.33% in PUR 1, 59.26% in PUR 2 and 70% in PUR 3.

Region 1 received an average rating of 33.33% over all three periods under review. Region 2 had an overall rating of 61.54%; Region 3 had a 73.08%; Region 4 had the best overall rating of 90.91%, and Region 5 had a rating of 63.64%.

Of the 31 cases rated as an area needing improvement out of 87 reviewed cases, the primary reason for the rating was a lack of documentation of any visits or a visitation plan between the child and both or one of the child's parents (25 cases). Of these 25 cases, a lack of contact with both parents was noted in the majority of the cases followed by a lack of contact specifically with the birth father and then a lack of contact specifically with the birth mother. The next most common reason for the ANI rating was a lack of documentation of the content or quality of visits (3 cases) followed by a lack of documentation of any other activities or efforts made outside of visitations to facilitate the relationship (2 cases), and poor frequency of visitations (1 case).

As mentioned above, frequent visitations and other forms of contact with the parent are the primary means of documenting the Division's efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child and his/her parents. It is important to note that in many of the cases reviewed, it is strongly suspected that contact with the parents was somehow precluded or found not to be in the child's best interests; however, documentation could not be located to verify the reasons why contact was reduced or denied. When the decision to restrict visitations is not adequately documented, it appears as if visitations were simply not scheduled or did not occur.

As mentioned earlier, in response to the initial PIP, the Division introduced two visitation forms to better track supervised visitations and to ensure consistency in documentation across the state. The **Parent-Child Interaction Plan** outlines the schedule and guidelines for visitations. The Plan is filled out by the child protection specialist with the parent. The **Summary of Parent-Child Interaction** form is utilized to document visitation activities and interactions and assess the parent's skills. The Summary of Parent-Child Interaction form must be filled out for every visit. Although the forms were introduced to increase consistent documentation, feedback from field staff and contracted in-home/reunification services staff indicated that the forms were cumbersome and ineffective. The Parent-Child Interaction Plan did not allow for changes or variations in the visitation plan and the Summary of Parent-Child Interaction form had questions that were redundant and did not apply to every situation. As a result, many field staff and contractors were reluctant to use the forms, which is one possible reason that documentation of visitations has remained inconsistent. In response to the concerns identified, the Division revised the forms to be more user-friendly and case-specific. The revised forms were introduced and trained at the regional policy trainings in September, 2007 and went into effect as of October 1, 2007. It is hoped that the revised forms will be easier to use and more functional which will in turn improve documentation consistency of the content and frequency of visitations across the state.

One final documentation issue may result when visitations are scheduled and conducted by the foster care or kinship provider. These visits may or may not occur consistently and the child protection specialist often does not receive any documentation of the visitation. In this situation, quality visitations may be occurring that facilitate the parent-child relationship, but cannot be verified by the reviewers. There is an expectation (CFSD Policy 402.5) that the Summary of Parent-Child Interaction form be used by the foster care provider to document these visits. The worker is then expected to further document the visits on the ACTD screen in CAPS. In practice, however, the documentation does not consistently occur.

Once again, **barriers** to visitations occurring consistently in Montana include geography and transportation. Despite geographic and distance barriers in rural communities, Division staff have indicated that they prioritize parent-child visitations and make diligent efforts, often driving many hours a week to facilitate these visits.

The shortage of service providers in rural areas, including in-home/reunification services also create barriers to scheduling visitations; and children placed in residential treatment centers or group homes often have to be placed out of the area to receive services, which also reduces the likelihood of visitations occurring.

In order to improve outcomes on this item, adequate documentation must first be addressed, particularly of the decision to reduce or deny visits. In addition to changes in documentation procedures, improvements could be made in clarifying the role and involvement of non-custodial parents. Montana policy is clear about the requirement to make diligent efforts to locate the non-custodial parent as a possible placement option; however, policy is not as clear that diligent efforts should be made upfront to locate the non-custodial parent in order to involve them in decision-making for the child and to facilitate their relationship with the child. When a child is removed from one parent and the non-custodial parent

has had very little to no contact with the child and does not have an established relationship with the child, it may be easy for the child protection specialist to dismiss their involvement. However, according to Montana statute, the non-custodial parent has just as much a right to make decisions about the child as the parent that the child was removed from. In addition, should the non-custodial parent become a placement option for the child, facilitating the relationship early on in the case would be in the child's best interests in order to ensure a smooth transition.

The Division must take a closer look at outcomes on this item and strategize how to increase the Division's efforts to promote, support and otherwise maintain a positive and nurturing relationship between the child and his/her parents. Documentation is a significant issue as is emphasis on building and supporting the relationship with the non-custodial parent.

C. Child and Family Well-Being

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs

Item 17: Needs and Services of child, parents, foster parents. *How effective is the agency in assessing the needs of children, parents, and foster parents, and in providing needed services to children in foster care, to their parents and foster parents, and to children and families receiving in-home services?*

CFSD **policy** requires the investigating CPS specialists contact the child and parents regarding all CPS reports of abuse and neglect assessed by Centralized Intake as requiring an investigation. The child must be observed and interviewed if verbal. Collateral contacts with professionals who have worked with the family or child is encouraged. A home visit is encouraged if possible. A medical examination of the child is recommended if the child is a victim of serious physical or sexual abuse, removed from a methamphetamine lab or if the child might have drugs in their system.

Assessment of the child and parent's needs begins at investigation with completion of the required CFS-201 Investigative Safety Assessment form assessing the safety of the child and the reason for out of home placement, if needed. The CFS-201 is the first step and is core in assessing the child and family's needs and directing the provision of services. CFSD developed the CFS-206 Information on Child for Placement Purposes form to be completed at the time a child is placed in foster care. The completed form provides information about the reason for removal, threats posed by the parents or child toward the foster family, child's medical information and known behavioral concerns. The CFS-206 requires information to aid in matching the child and foster family. If the child does not match the foster family's "Accepted Child Behaviors," a "Placement Stabilization Plan" (CFS-207) must be completed. The CFS-206 documents the requirement for the children to have an EPSDT screening and Developmental Assessment of the child within the first 30 days of placement. These forms/practices were developed as part of Montana's Program Improvement Plan and were implemented in 2004.

The Child Protection Specialist is encouraged to begin completion of the **child's social history**, CFS 107 at the time of initial placement in foster care to gather birth family history. During the first 45 days in foster care the foster family completes Part E of the CFS-107 child's social history providing information regarding the child's adjustment to the foster family and the child's behaviors. The CFS-107 Part E is updated every 6 months by the foster family. The Child Protection Specialist is required to inquire regarding the child's ethnicity and possible qualification for ICWA during investigation. The CFS-206 directs the foster family to encourage the cultural heritage of the child and suggests activities to meet this need.

A **case plan** must be completed within 30 days of initiating a voluntary placement agreement and 60 days if placement is court ordered. The case plan must be developed jointly with the parents of the child. The child may also be included, if age appropriate. The case plan identifies how the foster placement will provide safe, appropriate care and how the special needs of the child will be met. The case plan identifies the services provided to the child and foster parents and why these services are appropriate to meet the needs of the child. Implementation of the case plan is staffed with the Child Protection Specialist and supervisor and at each FCRC. Other documentation regarding assessment of the child, parent's needs, parent's needs and provision of services is recorded in CAPS.

Referral to in-home/reunification services is made by completing a CFSD-050. The Specialist assesses the family's eligibility for in-home/reunification services and support services, family preservation services or time limited reunification serv.

types of services to be provided, purpose of services, frequency and intensity of provision of services and the overall anticipated length of provision of services are included in the referral information. When the family has an open CPS case, the In-home/reunification services contractor must provide a monthly written report to CFSD and report any new safety issues. CFSD relies on the contracted In-home/reunification service provider to provide services and on-going assessment of the parents and child. The In-home/reunification services provider is expected to provide information and documentation regarding the provision of services and family's needs. The communication between contracted providers and CFSD is individualized with each contract.

Effective October 1, 2007, CFSD policy requires the CPS to have **face to face visits every calendar month** with all children in placement on their caseload. The purpose of the visit is to assess the child's safety and well being and the visit must take place at the residence where the child is placed. Documentation of the visit is to be entered in CAPS. Because the visit occurs at the location of the child's placement, it will provide assessment of the foster parent's needs as well as the child's needs. Under the new federal requirement for face-to-face visits, states were required to provide baseline data on this measure. Since it was not possible to provide a baseline data capture, Montana's approach was to randomly select 200 children and track face-to-face visits on those 200 children. Prior to October, only 2% of the 200 randomly selected children were visited monthly by their CPS worker. Data pulled for the month of October 2007 shows 25% of the children met the monthly contact requirement and by the end of April, 38% of the 200 cases met the requirement. CFSD expects the percentage of monthly contacts to continue to increase.

FGDM's are valuable in assessing the child, parents and foster parent's needs, identifying appropriate services and the service provider. Identifying strengths and needs of the child and parents is a large part of the agenda for the FGDM. Foster parents who are invited to attend FGDM's are asked about their need for support and services. The identified services are recorded and assigned during the FGDM to the individual responsible for accessing or providing the service. Follow-up on outcomes is monitored throughout the case and at the follow-up FDGM.

Policy is reflected in practice and CFSD continues to see improvement in needs assessment and provision of services but there is room for improvement. It is generally believed that the **child's, parent's and foster parent's needs** are assessed and services are provided more often than is reflected in documentation. Assessment of needs and provision of services can be done formally or informally. Child Protection Specialists are encouraged to meet with parents as soon as possible after their child has been placed in foster care and generally, this practice is followed. Child Protection Specialists often have contact with parents at supervised visitation, child's medical appointments, child's mental health visits and at the child's educational meetings. These types of contacts often provide for further assessment opportunity of the child's and parent's needs.

Foster parent's needs are often expressed to licensing staff and at foster/adoptive parent support group meetings. The Foster Care Re-licensing application CFS-021 completed annually by foster parents asks about needed services and supports for the foster family. This information is shared with the Child Protection Specialist who will often work in conjunction with licensing staff to meet the needs of the foster parents. Foster parents are provided training opportunities through the annual Child Abuse/Neglect Conference and the MSFAPA (Montana State Foster/ Adoptive Parent Association) conference at minimal or no cost to the resource family. Resource families can borrow training tape/CD's. CFSD workshops and occasionally other pertinent workshops are available to resource families. Foster parents are eligible to receive supportive services which include a clothing allowance, transportation support, respite care and child care support. Foster parents can participate and gain support from the child's mental health therapy if recommended by the child's mental health therapist. CFSD has paid for mental

health therapy for foster parents in unique circumstances. In some areas licensing staff have formed collaborative non-profit organizations which include all Child Placing Agencies in their community. Through these collaborations, foster and adoptive families are able to access training and supports from Child Placing Agencies other than CFSD.

Case file review data shows strength in 79.17% of applicable cases with children in foster care placements statewide. The combined data for contracted in-home/reunification services and in house in-home services show strengths in 54.84% of cases and the overall data (foster care and in-home/reunification) for item 17 shows strength in 69.62% of applicable cases reviewed statewide. PIP 2002 baseline data showed 60% of overall applicable cases were rated as a strength statewide, so we are realizing continued improvement on this measure.

Access to services and lack of services is an issue in the geographically rural areas of Montana. The travel is prohibitive and providers are limited. The array of services is much smaller.

The case plan requires that all youth age 16 and older be referred for **independent living services** and that each youth age 16 and over have a written transitional living plan. The case plan is reviewed by the FCRC and at also Permanency staffings every 6 months and more often if needed. Prior to April 2008, CFSD contracted for provision of independent living services. Beginning in April 2008, CFSD staff will provide independent living services for youth. Youth Centered Meetings are scheduled as needed to help the youth identify their needs, personal goals, independent living goals and resources available. (see Item 35 for more detail on independent living services and Youth Centered Meetings)

Older youth were surveyed in person and in writing at the Montana State Foster/Adoption Parent Association conference in November 2007. 72.7 % of participating youth said they were involved in their case planning, knew their goal for permanence, and 81% had regular and frequent (monthly) contact with their social worker.

Ongoing **key collaborators** are contracted service providers, CASA's, mental health and medical health providers, foster and adoptive parents, tribal staff, FCRC, Child Protection Team members, Child placing agencies who collaborate with CFSD licensing staff and resource families.

Promising approaches are the Youth Centered Meetings and Family Centered Practice. Input from CFSD focus groups value the benefits of FGDM's to identify and direct provision of services. Community and Stakeholder meetings also identify FGDM's as a strength in engaging families and identifying needs and services.

Lack of services and/or inadequate services is identified consistently as one of the **challenges** in the Child Welfare System statewide. These concerns are voiced by CFSD focus groups, at community meetings and at stakeholder meetings. Prevention and reunification services are consistently identified as inadequate. Services ending too early when families are reunited were frequently noted as a weakness. Rural areas are challenged by inaccessibility and lack of services. Inaccessibility to dental and therapeutic outpatient services in rural areas seems to be noted more than other services. Our workers sometimes transport children a long way to obtain the services needed. CPS staff shortages are consistently identified as a barrier to provision of services.

Item 18: Child and family involvement in case planning. *How effective is the agency in involving parents and children in the case planning process?*

Policy requires that the foster care case plan be developed jointly with the parents or guardians of the child. Parents and guardians must be provided an opportunity to participate in the development of the plan. If the parents or guardians are unwilling or unable to participate in the development of the case plan, the reason for the lack of participation must be noted in the plan. Policy also requires that the Family Service Plan developed for a family receiving in-home/reunification services include appropriate family members and specifically references children.

The single most effective tool to involve parents (and older children) in the case planning process continues to be the use of **Family Group Decision Making Meetings**. Meetings are encouraged for all families with children at risk of being abused or neglected, unless it has been determined to be inappropriate or the family refuses the offer of a meeting. The ability of the Division to assist family members in getting to Family Group Decision Making meetings (i.e., paying for transportation) is seen as a strong message to families that the Division is serious about participation from extended family members. The number of family meetings conducted has grown from 184 in 1998 to 829 in state fiscal year 2007.

Individual meetings with parents also provide opportunities for participation in case planning. Meetings with the parents as a follow-up to the FCDM meeting have been found to be useful in increasing parents' participation. Parents who feel inhibited in a group meeting may be more willing to identify what they see as the issues and solutions in a one-on-one meeting with a worker. Visitations between parents and children also provide opportunities to include both parents and children in case planning. Any type of meeting in which there is discussion of the case status, provides opportunity for case planning.

In the past two years, the Division has placed increased emphasis on ensuring that both of a child's parents have the opportunity to participate in the case planning process regarding their child. Child protection specialists are expected to make a diligent effort to identify and locate the non-custodial parent as soon as child abuse/neglect action is initiated. **Parental rights of both parents are to be addressed** upon the initiation of court action and both parents are to be named on all petitions. If the child's safety with the non-custodial parent cannot be assured, the worker must initiate a treatment plan with the non-custodial parent in addition to the treatment plan with the custodial parent, if such a plan has been initiated. Parent(s) or guardian(s) are provided notice of all hearings and reviews and are encouraged to attend and actively participate.

In the **survey** conducted as part of state self-assessment, 175 (of 228) respondents identified parents (caregivers) as generally being included in the development of the treatment plan and establishment of the permanency goal.

Information provided from staff indicates that **youth in foster care** who are unhappy in their placement are more likely to want to be involved in case planning. Once a youth has participated in the development of the case plan or when the youth has participated in a youth centered meeting or a Foster Care Review Committee meeting and believe they have a voice in the decision-making process, there is greater interest in continued participation.

Increased involvement by CASA/GAL in working with the social worker and the parents has also been found to be beneficial. As an advocate for the child, the CASA/GAL can assist the parent in

understanding how the case plan addresses the child's needs, and along with the worker, can encourage the parents' involvement in developing modifications to the plan as appropriate.

An **additional aid for parents** is the booklet, "What Happens Next?" The booklet is a guide designed to help families understand what happens during a CFSD assessment and investigation. The booklet provides answers to questions most often asked after a report of possible child abuse or neglect has been received and describes possible legal interventions and informal parent support.

The most significant **barrier** impacting parental involvement of children in foster care identified by staff is the parent's attorney telling the parent not to work with the department. This has become a much greater issue since parents are appointed attorneys much earlier in the process. Prior to 2005, statute required attorneys be appointed at the termination stage. The attitude of some attorneys can also be a deterrent to participation in Family Group Decision-making. Some attorneys do not support their client's participation in the process (possibly because of lack of knowledge or understanding). A stakeholder recommendation was to hold Continuing Legal Education (CLE) to educate attorneys regarding this process. CFSD and staff from the Court Improvement Program continue to strategize on how to best approach these concerns.

Including parents who are in prison in the case planning process is challenging both due to distance and due to the limitations on contact within the facilities. Some staff have found that working through the parent's attorney has been helpful when this is a problem.

A significant **barrier** to involving youth in the case planning process is distance. This is especially an issue when trying to include youth in Foster Care Review Committee Meetings, which often take place a considerable distance from where the child resides. However, the face-to-face contact when transporting children or during visits provides opportunities to discuss case plans with children.

The baseline for the cases for which this item was rated a strength was 44% (43% foster care cases and 45% In-home/reunification cases). By September 2005, **peer case file reviews** indicate the percentage of cases for which this was rated a strength was 60% (67% of foster care cases and 37% of In-home/reunification cases). For the period between 10/1/05 and 3/31/07, the overall percentage of cases in which this item was rated a strength was 60% (66% foster care and 52% In-home/reunification).

State stakeholders' perception of FCDM meetings was that there is a great deal of variation in the effectiveness of the meetings throughout the state. The more committed social workers are to the process, the more effective the meetings are. In areas where there is less commitment, meetings occur, but they are not as beneficial. In addition to commitment to the process, there is variation in the skill level of workers in engaging families. With less skillful workers, there is likely to be less participation by family members, e.g., there may be many people in attendance, but their contributions to the process may be minimal. Sensitivity to cultural differences and the ability to engage Native American families also varies, and can have a positive or negative impact on the outcome of FGDM.

Item 19: Caseworker visits with child. *How effective are agency workers in conducting face-to-face visits as often as needed with children in foster care and those who receive services in their own homes?*

Prior to October 1, 2007, **Montana policy** required face-to-face contact with children placed in foster care on a monthly basis, quarterly in the child's residence. In July, 2006, Montana's Program Improvement Group reviewed several reports from the Office of Inspector General Titled "State Standards and Capacity to Track Frequency of Caseworker Visits with Children in Foster Care" and

"State Standards and Practices for Content of Caseworker Visits with Children in Foster Care". After reviewing these reports, the Program Improvement Group began revising Division policy to include guidance on quality contacts. Shortly thereafter, the Federal 2006 Child & Family Services Act was introduced setting standards for the frequency and quality of contacts between caseworkers and children in foster care. In response to the Child & Family Services Act, the Program Improvement Group revised Division policy as of October 1, 2007 to require that face-to-face contacts with children in foster care, including children in out-of-state placements, be conducted *in the child's residence* at a minimum every calendar month.

New policy requirements and guidance around quality contacts were **trained to all child protection staff** in the Division during the September, 2007 policy trainings provided regionally around the state in 5 different locations. Also in attendance at these trainings were **representatives from in-home/reunification services providers and Tribal Social Services staff.** All foster care providers, to include group care facilities, were notified of the new monthly contact requirements in the child's residence in a letter sent to them from the Division Administrator.

Current Division policy states that visitation between the child protection specialist and children in foster care is essential in promoting placement stability. Regular contact allows the child protection specialist to routinely observe and assess the child's safety, permanency and well being, ensure that the child's needs are being met and involve them in case planning. Frequent contact further allows the child the opportunity to express concerns, fears, problems with the placement, or other issues. Policy emphasizes that monthly contacts are the responsibility of the child protection specialist assigned to the case in order to facilitate trust and relationship-building. However, other staff and authorized providers may be approved by the supervisor to conduct monthly contacts but must be designated as such on the child's case plan. All contacts must be documented on the Activity Detail (ACTD) screen on CAPS with specific, objective information focusing on issues of case planning, service delivery, safety, permanency and well-being. Suggested questions are listed in policy to guide the child protection specialist in addressing these topic areas with the child during monthly face-to-face contacts.

The monthly face-to-face visitation requirement will result in positive benefits to children; however, the Federal restrictions, specifically that children must be visited at least once during every calendar month and the visit must take place in the child's home, present **difficulties for workers** in our state in fulfilling the requirement:

First, with the majority of children being in school during the day, child protection specialists have had to rearrange their schedules to meet with children in their home on evenings and weekends. As a result, **staffing schedules** in local offices have had to be adjusted to accommodate more flexible schedules. A downfall to the need for more flexible schedules is that local offices may be short staffed with their reduced availability during normal working hours.

Second, monthly contacts with children placed out of county require increased travel time by the child protection specialist, resulting in more time out of the office. Rural areas in particular struggle with having to travel to meet with children placed out of the area given the distance between towns and especially with group care facilities that are primarily located long distances away in more urban areas across the state. **Distance, travel time, travel costs and poor travel conditions** all hamper the child protection specialists' ability to meet with every child on their caseload in their residence on a monthly basis.

Third, current **policy does not allow for courtesy supervision** of cases where children are placed out of the area in placements other than foster care placements. With the inequitable distribution of group facilities across the state, counties with more of group facilities located in their area would be overburdened by courtesy supervision cases. Therefore, courtesy supervision currently only applies to children placed out of county in foster care placements; children in other placements remain the

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supervision responsibility of the originating county and worker requiring them to travel to meet the monthly contact requirement.
Fourth, travel to other states to meet monthly contact requirements for children placed out of state **is cost prohibitive.** Flights in and out of Montana are very expensive compared to other states, averaging around $800 round trip. The Division simply has insufficient funding to accommodate monthly visits to other states at this time. In addition, travel to other states from Montana is time-consuming, usually requiring two full days of travel for one trip. Prior to the new requirement, the Division was able to finance semi-annual trips to out of state placements where one child protection specialist would visit with each child from Montana placed in that facility. However, the amount of time and funding it would take to make contact with children in out of state placements on a monthly basis would be extensive.
Fifth, the ability to make monthly contacts with children in care is dependent somewhat upon the cooperation of the foster family or facility. If the foster family is not cooperative or is reluctant to accommodate contacts, the child protection specialist may have **difficulty scheduling visits** with them. In addition, day to day activities, vacations, illnesses, poor travel conditions, etc. can all impede the ability of the child protection specialist to make contacts.

Random **data** pulled from the ACTD screen in the CAPS system of 197 foster care cases indicated that from October, 2006 to September, 2007, approximately 2% (4 cases) of those 197 children in foster care had monthly contact by the child protection specialist with the majority of those contacts being *in the child's residence.* It is not surprising that this number is abysmally low as there are several issues impacting the data. First, monthly contact *in the child's residence* was not required until October 1, 2007; therefore, the 2% rating actually reflects contact that went above and beyond what was required by policy at that time (monthly face-to-face contact, quarterly in the child's residence). Second, the use of the ACTD screen to record monthly contacts was not required until October 1, 2007; therefore, many monthly contacts were likely not captured by the data pulled for this sample as they were recorded on case note documents in Word, not on ACTD. In addition, it is noted that several cases failed to meet the standard because they either missed one or two monthly visits in the year or the majority of the visits were not conducted in the child's residence even though they had contact every month.
Random data samples will be pulled throughout the year so that ongoing analysis can be completed in order to continue to monitor performance and determine what improvements or training might be necessary.

A preliminary report from the MT ROM data system for all foster care cases for the month of October, 2007 showed that 25% of all children in foster care met the monthly contact in the child's residence requirement. Regionally, the monthly contact requirement in the child's residence was met in 15% of the cases in Region 1, 17% in Region 2, 31% in Region 3, 31% in Region 4 and 24% in Region 5. This data is probably low as it was pulled in early November, 2007 and did not allow for all the contacts to be entered in time for the month of October, prior to the data being pulled. At the end of April 2008, data indicated 38% of the randomly selected 200 children in foster care had had monthly contact.

During the initial PIP for Montana, the baseline rating for this item was 24%. The target goal was 28% and was met in all four quarters of the PIP reviews with 58%, 53%, 61% and 58% respectively.

Peer case reviews show that for all three periods under review, (10/1/05 – 3/31/07), 48.91% of the cases reviewed statewide had sufficient frequency and quality of visitations between the child protection specialist and the child to address safety, permanency and well-being of the child and promote achievement of case goals. We have dropped somewhat, but still far exceed the goal of the PIP.

The table below shows regional data from the Peer case reviews:

	Overall Rating	Foster Care Strength Rating	Foster Care Cases Reviewed	Contracted In-Home Strength Rating	Contracted In-Home Cases Reviewed	In-House In-Home Strength Rating	In-House In-Home Cases Reviewed
Statewide	48.91%	42.03%	138	59.49%	79	58.33%	12
Eastern Region 1	33.33%	25.00%		50.00%		25.00%	
North Central Region 2	45.45%	52.38%		12.50%		75.00%	
South Central Region 3	49.37%	41.67%		61.29%		---	
Southwestern Region 4	61.54%	43.75%		73.68%		75.00%	
Western Region 5	52.38%	45.45%		77.78%		---	

The primary reason for an ANI (area needing improvement) rating in foster care cases and in In-House In-Home Services cases was no documentation of any visitations occurring between the caseworker and the child, and the next most common reason was a lack of documentation of sufficient frequency of visitations between the caseworker and the child.

The primary reason for the ANI rating in contracted In-home/reunification services cases was no documentation of any visitations occurring between the in-home/reunification services provider and the child. The next most common reason for the ANI rating was a lack of documentation of the quality of visitations, followed by a lack of documentation of sufficient frequency of visitations between the caseworker and the child.

It is concerning that monthly contact between the caseworker and child is mandatory in foster care cases, yet almost 30% of the foster care cases reviewed did not have any indication of a visit occurring between the caseworker and the child during the periods under review. An additional 24% of the foster care cases reviewed had insufficient contact, less frequent than monthly and 4% of foster care cases reviewed had a lack of documentation of quality visitations occurring between the caseworker and the child. If monthly visitation had occurred consistently and had been accurately documented, the rating on this item overall could be as high as 94%, simply by meeting the monthly contact requirement.

It is suspected that some of the reasoning for the low performance on this item, particularly in Region 1 foster care cases, is the rural nature of much of Montana and the increased likelihood that children are placed out of the area. Caseworker visitations are often complicated by distance and placement availability in rural areas, resulting in increased time that must be dedicated to traveling. However, it is clear that contact between the caseworker and children in foster care must improve statewide. In response to their performance on this measure, Region 1 has taken steps to improve. All workers are required to document visits on the ACTD screen. The region's management uses information entered on ACTD to monitor the frequency of visitations. Within the first 3 months of monitoring, frequency of parent and child visitations have increased dramatically.

The lack of contact between in-home/reunification services providers and children they are contracted to serve is also concerning. Combining "in-house" and contracted in-home/reunification services, almost 20% of the in-home/reunification services cases reviewed did not have any documented indication of a visit occurring between the provider and the child during the period under review. An additional 11% of the in-home/reunification services cases reviewed had insufficient contact, less frequently than monthly and 10% of the cases reviewed had a lack of documentation of the quality of visitations occurring between the provider and the child. As more and more in-home/reunification services files are reviewed

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The primary reason for the ANI rating in contracted In-home/reunification services cases was no documentation of any visitations occurring between the in-home/reunification services provider and the child. The next most common reason for the ANI rating was a lack of documentation of the quality of visitations, followed by a lack of documentation of sufficient frequency of visitations between the caseworker and the child.

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The lack of contact between in-home/reunification services providers and children they are contracted to serve is also concerning. Combining "in-house" and contracted in-home/reunification services, almost 20% of the in-home/reunification services cases reviewed did not have any documented indication of a visit occurring between the provider and the child during the period under review. An additional 11% of the in-home/reunification services cases reviewed had insufficient contact, less frequently than monthly and 10% of the cases reviewed had a lack of documentation of the quality of visitations occurring between the provider and the child. As more and more in-home/reunification services files are reviewed

through Montana's case file review system, contractors are acquiring a raised awareness of the importance of documenting their activities more thoroughly.

It is hoped that with the new federal requirement and the changes in Montana's policy requirements around contacts with children in foster care that performance and data on this item will improve significantly. Staff are repeatedly reminded of the new requirements and random data is being pulled regularly to monitor performance. Although initial data shows low performance, with ongoing tracking and reminders, it is expected that performance will continue to improve throughout the year.

The Division Management Team is currently addressing poor performance on this item and strategizing ways to improve contacts utilizing federal funding that was allocated to Montana. During a statewide supervisor's meeting in February, 2008, **possible strategies and solutions** were discussed and were provided to the Management Team for further consideration. Brainstorming ideas included increased staff; stronger emphasis during trainings for staff, in-home/reunification providers, and Tribal partners; time management training; alternative work schedules for staff doing visits; train administrative support staff to input information on the CAPS system; more careful supervision of activity detail documented on CAPS; encourage scheduling of visits early in the month to allow for rescheduling when obstacles (illness, travel, weather, other) prevent the visit from taking place; and others.

The **additional funding** received by the Division to meet the Federal requirement will be used in the following manner:

- **Two new FTEs** are being hired and increased visitation strategies will be piloted in Billings and Missoula; and
- Because documentation is often an issue, the management team has authorized the purchase of **laptops** with video cameras and cell phone cards so that workers do not have to return to the office to document the visits.

With regard to in-home/reunification services cases, one solution may be to incorporate the monthly face-to-face contact in the child's residence requirement into the in-home/reunification services contracts. Currently, the intensity and frequency of contacts is determined and requested by the child protection specialist. A minimum standard of monthly face-to-face contact with the child in their residence could be required with the added ability of the child protection specialist to request more frequent contact as needed.

Item 20: Worker visits with parents. *How effective are agency workers in conducting face-to-face visits as often as needed with parents of children in foster care and parents of children receiving in-home services?*

Montana **policy** states that the child protection specialist is expected to maintain contact with the birth parents, the parameters of which will be outlined in the case plan. The frequency of contact between the child protection specialist and the parents varies, depending upon the intensity of the case, the needs of the parents and level of monitoring required.

The child protection specialist must make reasonable efforts to resolve issues of paternity, if any, as early as possible. The child protection specialist shall, within 10 - 90 days of placement of the child identify putative or legal fathers and/or non-custodial parents and initiate a diligent search. A diligent search includes obtaining information from the custodial parent regarding the non-custodial parent's whereabouts, obtaining a copy of the dissolution decree if available, searching the CAPS system and requesting any available information from the Office of Public Assistance, Social Security

Administration, LexisNexis services, and/or the Child Support Enforcement Division. The child protection specialist may also search the Montana Criminal Offender Database for information.

Every effort must be made to personally serve a putative father and/or non-custodial parent regarding a petition for custody. If service cannot be made personally, service must be made by publication. The child protection specialist initiates the publication process by completing an affidavit stating that, after due diligence, the parent cannot be identified or found. Service by publication must be made by publishing notice three times, once each week for three successive weeks in a newspaper in a community where the publication can be reasonably calculated to be seen by the non-custodial parent, based upon the last known address or whereabouts.

During the initial PIP for Montana, the baseline rating for this item was 46%. The target goal was 50% and was met in all four quarters of the PIP reviews with 83%, 76%, 69% and 60% respectively.

Peer case reviews show that for all three periods under review, (10/1/05 – 3/31/07), 59.09% of the cases reviewed statewide had sufficient frequency and quality of visitations between the child protection specialist and the parent(s) to ensure the safety, permanency and well-being of the children and promote achievement of case goals.

Strength ratings for each region are shown below:

	Overall Rating	Foster Care		Contracted In-Home		In-House In-Home	
		Strength Rating	Cases Reviewed	Rating	Cases Reviewed	Rating	Cases Reviewed
Statewide	59.09%	54.12%	85	63.29%	79	66.67%	12
Eastern Region 1	42.86%	33.33%		41.67%		75.00%	
North Central Region 2	53.85%	64.29%		25.00%		75.00%	
South Central Region 3	65.00%	62.07%		67.74%		---	
Southwestern Region 4	69.70%	60.00%		78.95%		50.00%	
Western Region 5	55.17%	45.00%		77.78%		---	

Foster care cases had 39 cases rated as an area needing improvement out of 85 reviewed cases (54.12% strength). The primary reason for the ANI rating in these cases was no documentation of any visits occurring between the caseworker and the parent (23 cases). The next most common reason for the ANI rating was a lack of documentation of sufficient frequency of visits between the caseworker and the parent (12 cases), followed by a lack of documentation of the quality of visits (4 cases).

It is a concern that 27% of the foster care cases reviewed did not have any documented indication of a visit occurring between the caseworker and the parent during the periods under review. An additional 14% of the foster care cases reviewed had insufficient contact and 5% of foster care cases reviewed had a lack of documentation of quality visits occurring between the caseworker and the parent. This would seem to indicate that when visits occur, they are of a sufficient quality to address the family's issues and promote goal achievement. A significant proportion of the ANI cases due to no visits occurring are suspected to be those cases with a birth parent that was either not able to be located or refused to participate in the case; however, if this is not clearly documented in the case file, it appears as if no visits were offered or conducted with the missing parent.

In-house in-home services cases had 4 cases rated as an area needing improvement out of 12 reviewed cases (66.67% strength). The primary reason for the ANI ratings in these cases was a lack of documentation of sufficient frequency of visits between the caseworker and the parent (2cases) followed

by no documentation of any visits occurring between the caseworker and parent (1 case) and a lack of documentation of the quality of visits (1 case).

Contracted In-home/reunification services cases had 29 cases rated as an area needing improvement out of 79 reviewed cases (63.29% strength). The primary reason for the ANI rating in these cases was a lack of documentation of the quality of visits between the in-home/reunification services provider and the parent (18 cases) followed by a lack of documentation of sufficient frequency of visits between the in-home/reunification services provider and the parent (9 cases) and no documentation of any visits occurring between the in-home/reunification services provider and the parent (2 cases).

Similar to visitation with children, it is suspected that low performance on this item is related to the rural nature of much of Montana.

Solutions to improve performance on this item may include clearer policy and training on diligent efforts to locate missing parents including documentation of diligent efforts or a parent's refusal to participate in the child's case plan; training of in-home/reunification services providers on thorough documentation, specifically quality of visits, interventions and goal achievement; and revising Division policy to clearly state that it is expected that all birth parents will be actively involved in their child's case plan and that the child protection specialist must make every effort to meet with and involve each parent.

A **promising practice** in Montana includes the "Intensive Services Unit" located in Cascade County. This specialized unit was developed to assist at-risk families in preventing the removal of their child. Case workers carry a reduced caseload so that they can provide more intensive oversight and expedite services to the family. FGDM meetings are held in these cases upfront, at the very beginning. 74 families were served within the first 16 months of the unit being developed. Preliminary data, although fairly limited at this time, has shown that reunifications have occurred more quickly in these cases and that families are maintaining well. Division staff report that the increased ability to spend more time with the family has resulted in improved relationships and trust-building with the family, which leads to better engagement in the services being provided.

Well-Being Outcome 2: Children receive appropriate services to meet their educational needs.

Item 21: Educational needs of the child. *How effective is the agency in addressing the educational needs of children in foster care and those receiving services in their own homes?*

Division **policy** requires that child protection specialists consider the services a child will need based on an assessment of their physical, educational and psychological needs when choosing a placement. Policy also requires that the child protection specialist take into account the proximity to the school in which the child was enrolled when placing a child into care. Once in placement, children under the age of 3 must receive a developmental screening and assessment for developmental disabilities. Children ages 3 and older must receive a developmental assessment which includes an educational evaluation. Children receiving in-home/reunification services are referred by the child protection specialist for educational assessments as needed. The child's case plan requires that educational needs are assessed and that current school records are obtained and submitted to the Foster Care Review Committee (FCRC) for their evaluation.

Across the state, child protection specialists are fairly consistently attending **Individual Education Plan** (IEP) **and Child Study Team** (CST) meetings for children in foster care. Birth parents and foster parents are notified of these meetings as well as parent-teacher conferences and are encouraged to attend. School

personnel are involved in Child Protection Team (CPT) meetings and Foster Care Review Committee (FCRC) meetings in many areas across the state. Family Group Decision Making (FGDM) meetings include an education component and address the family's involvement in the child's education in both foster care and in-home/reunification services cases.

A strength in Montana is that many local offices provide **annual and ongoing staff training to local schools** to include topics such as mandatory reporting, identifying abuse/neglect, child protection investigations and interventions, child behavioral issues and needs, etc. In addition, CFSD produces and updates annually the booklet, "Montana School Guidelines for the Identification and Reporting of Child Abuse and Neglect 2007-2008" for distribution to all schools in the state. Description of the booklet is found under the training section of this document. The Montana Drug Endangered Children Alliance (DEC) has provided local school trainings in the Butte area to increase recognition and intervention with drug endangered children at school. The MT DEC Alliance hopes to continue this training to schools across the state in targeted areas where drug abuse has been identified as being a primary reason for children being placed in foster care.

Services to emotionally disturbed children in Montana are sometimes lacking and inconsistent in certain school districts as not all schools understand emotional disabilities at the same level as cognitive or physical disabilities. As a result, some children have to change school districts to obtain specialized services for emotional disabilities. One resource for these children is school-based mental health services which are being offered in more and more school districts across the state, offering additional assistance to children with emotional or behavioral problems.

During the initial 2002 CFSR for Montana, the rating for this item was 92%. Since the item was passed substantially, data was not tracked during the PIP implementation on this item.

Peer case reviews show that for all three periods under review, (10/1/05 – 3/31/07), in 78.23% of the cases reviewed statewide, the agency made concerted efforts to assess the educational needs of the child and the identified needs were appropriately addressed.

The breakdown by region is shown below:

	Overall Rating	Foster Care		Contracted In-Home		In-House In-Home	
		Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed
Statewide	78.23%	79.65%	113	68.97%	29	100.00%	5
Eastern Region 1	59.09%	60.00%		40.00%		100.00%	
North Central Region 2	76.19%	68.75%		100.00%		100.00%	
South Central Region 3	88.00%	90.00%		80.00%		---	
Southwestern Region 4	73.91%	86.67%		42.86%		100.00%	
Western Region 5	80.65%	77.78%		100.00%		---	

Foster care cases had 23 cases rated as an area needing improvement out of 113 reviewed cases (79.65% strength). The primary reason for the ANI rating in these cases was that there were no educational records found in the case file (10 cases). The next most common reason for the ANI ratings was a lack of documentation that educational needs were assessed or identified (8 cases) followed by birth parents or foster parents not receiving educational records (2 cases), educational needs being identified but not met (2 cases) and the child protection specialist not being involved in the child's IEP (1 case).

In-home/reunification services cases had 9 cases rated as an area needing improvement out of 29 reviewed cases (68.97% strength). The primary reason for the ANI rating in these cases was a lack of documentation that education needs were assessed or identified (7 cases) followed by educational needs being identified but
not met (2 cases).

The structure is in place for the Division to adequately assess and address the educational needs of children in foster care and for those receiving in-home/reunification services. Case plans require an assessment of educational needs and educational records must be submitted to the FCRC for review. It is suspected that when an ANI rating has been received for this item, that the child protection specialist has failed to either obtain the educational records from the school and/or has failed to adequately document the child's educational needs on the case plan or on the in-home/reunification services referral. In general, data and feedback from providers supports that children's educational needs in Montana are being met; however, supportive documentation needs to improve in some areas. Overall, providing for children's educational needs in Montana is a strength.

The Montana Child Welfare System **Survey** asked respondents whether the child welfare system was successful in meeting the educational needs of children including those in foster care and those receiving in-home/reunification services. 62.6% of respondents agreed or mostly agreed that the educational needs of children were being met while 19.6% disagreed or strongly disagreed. 17.7% either had no opinion or did not provide a response to the question.

Key ongoing collaborators in Montana include the OPI Special Education Advisory Committee which has included a Division representative for the last three years. The Division representative provides recommendations to the committee related to children in foster care. The Division also has a representative on the Head Start Policy Council. One valuable resource in Montana is the advocacy group, Parents Let's Unite for Kids (PLUK) which provides assistance in obtaining services for children with special needs. PLUK has been supportive of the children and families served by the Division by advocating for them when the school system is reluctant to provide services.

Well-Being Outcome 3: Children receive adequate services to meet their physical and mental health needs.

Item 22: Physical health of the child. *How does the State ensure that the physical health and medical needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

Division **policy** states that during an investigation, children should be examined by a physician when there is reason to believe the child is a victim of serious physical or sexual abuse, has been removed from a methamphetamine lab or there is reason to believe the child may have drugs in their system. The Montana Drug Endangered Children (DEC) Alliance established a statewide medical protocol in 2005 for children found in drug environments which has been trained to medical providers across the state. If the child is removed from a methamphetamine lab, the child protection specialist should follow the statewide protocols for medical evaluation.

If the child did not receive a **medical exam** during the investigation, an exam is required within the first 30 days of placement. An EPSDT (Early Periodic Screening, Diagnostic, and Treatment) exam must be requested of the physician in order to establish any ongoing or future treatment needs. All EPSDT recommendations must be followed to insure the health of the child. Within 2 days of substantiation,

children under the age of 3 placed in foster care must be referred for assessment for developmental disabilities. Children ages 3 and older must receive a developmental assessment through HeadStart (ages 3 to 5), a neuro-psychological evaluation, an educational evaluation or assessment by the Developmental Disability contractor for the region. A copy of the assessment should be requested and kept in the case file. If the developmental assessment indicates that the child requires services for developmental disabilities or requires further assessment, the child protection specialist is responsible to make referrals to the appropriate services and ensure that the child receives the services as available.

At the time of removal, the child protection specialist gathers medical **information from the parent** about their child. The child protection specialist fills out the Information on Child for Placement Purposes form and provides a copy of this form to the foster parents. Medical and health history is also gathered from the birth parents by requesting that they fill out a social history form. This form must be completed prior to a child being adopted; however, many areas request that the parent fill out the social history as soon as the child is placed into foster care. Unfortunately, some specialists wait to gather this information until the child is about to be adopted. When this occurs, parents are often less responsive and less likely to return the information.

The child protection specialist shall seek written authorization from a parent for obtaining **emergency medical services** for the child when he or she is placed. If the parent has signed a parental agreement, the standard form includes an authorization for emergency medical services. When a petition is filed, the child protection specialist requests the authority to consent to emergency medical treatment. The child protection specialist cannot sign for emergency medical treatment without written parental consent or a court order granting the Department authority to consent to medical treatment. When non-emergency medical care or hospitalization is recommended by a physician for a child, whenever possible, the parents shall be consulted before any services are provided unless the Department has permanent legal custody. Generally, it is reported that birth parents are invited to attend medical appointments with foster parents as appropriate. If the parent is not available or not allowed to attend for some reason, the child protection specialist provides information to birth parents about medical appointments and assessments.

Therapeutic Family Foster Care and Youth Group Homes are required to provide reasonable assistance in obtaining psychological, medical and dental care for children in their care; arrange for an annual Well Child (EPSDT) screening for all Medicaid eligible children; and notify the placing child protection specialist when medication changes are made.

Child protection specialists indicate on the referral for **in-home/reunification services** whether or not there is a need for dental care, immunizations, physical check-ups, mental health services or any other condition warranting medical attention. If the child protection specialist is not able to determine whether there is a need for medical or mental health services, they will request that the in-home/reunification services provider assess the child's needs and follow-through with appropriate referrals.

The child protection specialist records updated health, education and mental health information for the child on the child's case plan which must be completed within the first 60 days of placement. The Foster Care Review Committee (**FCRC**) reviews the most recent health records of the child to include immunizations, medical problems, current medications and any other relevant health information.

Montana's **CAPS system** has several screens that allow for the tracking of medical and mental health needs. The MDTD (medication/treatment detail), the SPND (special needs detail) and the MMHD (medical/mental health detail) screens indicate the child's medical, mental health and special needs that are being assessed and treated, including preventive health such as the EPSDT exam, dental care, and

immunizations. In addition, the ACTD (Activity Detail) screen can track contacts with medical and mental health providers.

A **promising practice** is the **"Follow the Child" program** in Missoula County, provided by the Missoula City-County Health Department. The Health Department entered into a collaborative partnership with CFSD in 2004 when it received a 5-year grant to integrate foster children into existing public health systems of preventive health care and collect health information for each foster child that follows them throughout their placement. The project includes the public health nurse visiting the foster home to provide age appropriate health assessments and referrals, health education, assurance that immunizations are up to date, assistance in WIC enrollment if appropriate and assessment of the parent's knowledge of the child's medications. The public health nurse also provides education to older youth about their health care needs and how to obtain community resources. The public health nurse collects and summarizes the medical, dental, mental health and school health information for each child and shares it with Division staff. Since the beginning of the program, 244 foster children have been served. During the September 2007 community stakeholder meeting in Missoula, this program was praised for improving the tracking of foster children's health care and for their role in meeting children's special healthcare needs. It was strongly recommended at the community meeting that this program be implemented statewide.

The Montana Child Welfare System **Survey** asked respondents whether the child welfare system was successful in meeting the physical needs of children including those in foster care and those receiving in-home/reunification services. 75.6% of respondents agreed or mostly agreed that the physical needs of children were being met while 9.4% disagreed or strongly disagreed. 15.1% either had no opinion or did not provide a response to the question.

During the initial PIP for Montana, the baseline rating for this item was 15%. The target goal was 17%. The four quarters of the PIP reviews had ratings of 32%, 43% and 63% and 60% respectively, with all four quarters meeting the target goal.

Peer case reviews show that for all three periods under review, (10/1/05 – 3/31/07), in 62.31% of the cases reviewed statewide, the agency appropriately assessed and addressed the child's physical and dental health needs.

Regional performance is shown below:

		Foster Care		Contracted In-Home		In-House In-Home	
	Overall Rating	Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed
Statewide	62.31%	65.22%	138	51.85%	54	85.71%	7
Eastern Region 1	34.48%	35.00%		25.00%		100.00%	
North Central Region 2	60.00%	61.90%		50.00%		66.67%	
South Central Region 3	57.75%	62.50%		47.83%		---	
Southwestern Region 4	83.33%	83.33%		72.73%		100.00%	
Western Region 5	76.92%	76.92%		66.67%		---	

Foster care cases had 48 cases rated as an area needing improvement out of 138 cases reviewed (65.22% strength). The primary reason for the ANI rating in these cases was a lack of documentation that health services (15 cases), health and dental services (11 cases) or dental services (10 cases) were provided. The next most common reason for the ANI ratings was a lack of documentation regarding assessment of the

child's health and dental needs (7 cases) or health needs only (3 cases). The final reason for the ANI ratings was a lack of documentation regarding the child's immunizations (2 cases).

In-house in-home services cases had 1 case rated as an area needing improvement out of 7 cases reviewed (85.71%). The reason for the one case being rated ANI was a lack of documentation that health services were provided.

Contracted in-home/reunification services cases had 26 cases rated as an area needing improvement out of 54 cases reviewed (51.85% strength). The primary reasons for the ANI rating in these cases was a lack of documentation regarding assessment of the child's health needs (7 cases) or health and dental needs (5 cases). The next most common reasons for the ANI ratings was a lack of documentation that health and dental services (5 cases), health services (3 cases) or dental services (1 case) were provided. The final reasons for the ANI ratings was that the child's health needs were identified but not sufficiently addressed (4 cases) and a lack of documentation regarding the child's immunizations (1 case).

Child protection specialists adamantly assert that they make children's physical and dental needs a priority. However, it is clear from the peer case review data that if the child's physical and dental needs are being met, it is not being documented adequately.

Documentation of physical and dental health services in both foster care and in-home/reunification services cases may be lacking for a variety of reasons:

First, foster parents frequently keep track of medical and dental appointments for foster children and provide updates including medical records to the child protection specialist. However, if foster parents do not follow through with scheduling medical/dental assessments and appointments or are unaware of the state's policies and requirements for medical/dental appointments, they may not scheduled in the timeframe required. In addition, foster parents may not be consistent in providing medical or dental records to the child protection specialist. It is the responsibility of the child protection specialist to obtain these records, however, and reliance on the foster parent to obtain the records for them is inadequate.

Second, obtaining medical records from providers can be difficult. Child protection specialists often send a written request for records but the provider frequently does not respond. Ultimately the child protection specialist must follow up on these requests; however, it is suspected that once the request is mailed, it is often forgotten.

Third, a barrier to obtaining medical records for children in foster care is that oftentimes, the birth parents' public defender will instruct the parent not to sign any releases of information. This approach delays the child protection specialist's ability to obtain necessary medical information until a court order can be issued.

Fourth, the CAPS screens (MDTD, MMHD & SPND) that record medical and dental health services, medications and special needs of children in foster care are under-utilized. Most child protection specialists simply request the medical/dental records from the provider and add them to the paper file. They do not fill out the additional CAPS screens. As a result, information pulled from these screens onto the child's case plan is often insufficient.

Medicaid reimbursement rates have a significant impact on obtaining medical and dental health services for children in foster care, particularly in rural areas. Many medical and/or mental health providers do not accept Medicaid as payment and very few dental providers in Montana accept Medicaid patients. Those providers that do accept Medicaid may have lengthy waiting lists and the child may have to travel several

hours to the appointment. As a result, services may be delayed when a provider has to be located and travel has to be arranged.

Another **barrier** in more rural areas in Montana is the high cost of transportation and the distance parents and foster parents have to travel to obtain services. The Medicaid reimbursement system for transportation costs is cumbersome and pays for only a portion of the actual costs incurred. Foster care providers and parents must cover any additional expenses "out-of-pocket" which may limit their ability to schedule assessments and services as frequently as needed.

One solution to improving performance on this item might be securing funding to support statewide expansion of the "Follow the Child" program that was piloted in the Missoula area. Medical, dental, mental health and education needs and services are tracked by the public health nurse and all records are provided to the Division. Having such a program statewide would likely improve data results on this item significantly.

Item 23: Mental/behavioral health of the child. *How does the State ensure that the mental/behavioral health needs of children are identified in assessments and case planning activities and that those needs are addressed through services?*

At the time of removal, the child protection specialist gathers information from the parent about their child to include mental health diagnoses or concerns, medications and behavioral concerns. The child protection specialist records this **information on the Child for Placement Purposes form** (new form as of 2004, added in response to Montana's initial PIP) and provides a copy of this form to the foster parents. Mental health and chemical dependency history is also gathered from the birth parents by requesting that they fill out a social history form. This form must be completed prior to a child being adopted; however, many areas request that the parent fill out the social history as soon as the child is placed into foster care.

Montana policy requires that within 45 days of removal, the child protection specialist will request that the foster care provider complete a **Child Assessment by Foster Care Provider** form on the child. This form was introduced in 2004 as a result of Montana's initial PIP. The Child Assessment by Foster Care Provider is an assessment by the provider of the child's behaviors and mental health status. Information from this form is to be utilized in the development of the child's case plan and in identifying necessary services. A new form must be filled out by each foster care provider when the child is moved from one placement to another.

For **in-home/reunification services cases**, the child protection specialist indicates on the referral form whether or not there is a need for mental health services. If the child protection specialist is not able to determine whether there is a need for mental health services, they will request that the in-home/reunification services provider assess the child's needs and follow-through with appropriate referrals.

An optional form, the **Strengths and Difficulties Questionnaire (SDQ)**, is available through the Residential Specialist Program Officer in Helena. This form may be filled out for children who are not actively involved with the mental health system to assess any possible mental health needs. The SDQ may be completed by the foster or kinship parent and/or the biological parent and is scored by CFSD to determine if the child needs a mental health assessment. (see Children's System of Care below) Outpatient services are available in most communities. Outpatient providers that routinely work with children in foster care have an understanding of the issues that face children in care. There is generally

not a wait list for outpatient services and enough experienced providers are available so that children do not need to wait to be seen.

Montana has a variety of **therapeutic placement options** for children requiring more intensive services than can be provided in a regular foster care placement. Therapeutic Youth Group Homes (TYGH) are community or campus-based treatment group homes and are licensed by the Quality Assurance Division (QAD). Therapeutic Family Foster Care (TFFC) is provided in a family setting by specially trained treatment parents with clinical supervision and consultation provided by the contracted agency. TFFC programs are licensed as Child Placing Agencies by CFSD. Both TYGH and TFFC agencies provide treatment interventions for emotionally disturbed and dually diagnosed youth who, because of their emotional disturbance, cannot be treated in a less restrictive environment. Caretakers at TYGH and TFFC placements are required to provide reasonable assistance in obtaining psychological, medical and dental care for the child, an annual Well Child (EPSDT) screening for eligible children and must notify the child protection specialist of any medication changes. In both TYGH and TFFC placements, First Health Services of Montana is the utilization review entity responsible for authorizing reimbursement in accordance with clinical standards for treatment services. The therapeutic programs do not exist in every community but the programs take children from across the state. The major cities all have therapeutic foster care programs and therapeutic youth group homes. There is a required certificate of need from a treating therapist or physician required. An acceptance decision is made quickly from the provider, generally within 24 hours of receiving an application. Waiting lists depend on bed availability; if no beds are available for TYGH, generally speaking the wait is about 30-45 days, occasionally up to three months. TFFC depends on family acceptance and availability. Generally, if a family is available there is no wait. TFFC will not take referrals if they do not have available families.

The Mental and Addictive Disorders Division (AMDD) of DPHHS administers funds for inpatient **chemical dependency treatment for youth** in the custody of CFSD. These funds are to be used to pay for chemical dependency treatment of youth only when other sources of funding are not available. Medicaid, private insurance and parental participation are expected to be utilized before AMDD funds. We seldom refer children to drug and alcohol services. On the rare occasions that we have referred children, the inpatient facility has been accessible and took the child immediately.

Placements in Residential Treatment Facilities and Acute Psychiatric Hospitals require a collaborative effort of the "**treatment team**" which includes the child protection specialist, the CPS supervisor, the child's caregivers and mental health professionals (therapist, psychiatrist, case manager, etc.) involved with the child. The team selects a treatment facility based the specific treatment needs of the child and the proximity of the placement to the child's home community or permanent placement. The Department does not contract with residential treatment facilities or acute psychiatric hospitals for services; the Division and/or Montana Medicaid must pay for services provided by these facilities. First Health Services of Montana is the utilization review entity responsible for authorizing reimbursement in accordance with clinical standards for treatment services. The acceptance from the facility is generally 24 hours; the approval for payment by Medicaid is generally 48 hours. Admission to placement is an agreed upon plan. A facility will let the child protection specialist know of availability at inquiry. If there is no bed and an emergent need, a second facility will be contacted. Generally, it is an effective process.

Well being issues can be **documented** on the MDTD (medication/treatment detail) screen, the SPND (special needs detail) screen and the MMHD (medical/mental health detail) screen. These screens indicate that the child's medical and mental health or other special needs are being assessed and treated. In addition, contacts with the child's therapist, psychiatrist, case manager or therapeutic placement provider can be recorded on the ACTD (activity detail) screen on the CAPS system.

The child protection specialist also records updated mental health information for the child on the child's case plan which must be completed within the first 60 days of placement. The Foster Care Review Committee (FCRC) reviews the most recent records of the child to include mental health evaluations, treatment summaries and updates.

During the 2003 Legislative Session, the Legislature charged the State of Montana with the creation of a system of care. This system includes both an infrastructure and a comprehensive continuum of services for Montana's high-risk youth and their families, who are currently served by multiple agencies. The **Children's System of Care** Planning Committee (SOC Committee) was established to coordinate the development of the system of care and to provide leadership in the development of **Kids Management Authorities (KMA)** within Montana's communities and reservations. The KMA has two primary functions: development of a continuum of care within their respective community, and case planning and coordination for individual youth with serious emotional disturbances and their families. This system of care is child-focused and family-driven and provides wrap-around services to youth and their families within their community.

KMA groups are located in each of the 5 regions and were provided a limited amount of start-up funding. One goal of the KMA was to "braid" funding among agencies to provide a continuum of care for children in their area. The KMA in Butte is able to fund a full-time coordinator position and provides funding to cover gaps in services for children, such as group home placements that have lost funding. However, most KMA groups in Montana do not have ongoing funding. In many areas, KMA groups place the responsibility for funding back on the placing agency, instead of attempting to "braid" funding sources as was the initial goal. In addition, many KMA groups are not functional; some have disbanded while others may have long waiting lists for assistance.

The Montana Child Welfare System **Survey** asked respondents whether the child welfare system was successful in meeting the mental health needs of children including those in foster care and those receiving in-home/reunification services. 52.9% of respondents agreed or mostly agreed that the mental health needs of children were being met while 32.0% disagreed or strongly disagreed. 15.1% either had no opinion or did not provide a response to the question. Survey results show that although respondents felt that the educational and medical/dental needs of children involved in the child welfare system were generally met, they were less confident that their mental health needs were adequately met.

Mental health needs of children involved in the child welfare system were mentioned as a significant concern in many of the **community meetings** held across the state. At the Billings community meeting, participants mentioned that all children entering into foster care should receive a mental health assessment in order to prevent placement disruptions that result from undiagnosed or untreated mental health issues. Concern was expressed that child protection specialists sometimes wait too long to refer children to mental health services, yet the nature of the environments that children are being removed from predisposes them to mental health problems. Early diagnosis and intervention are critical to prevent crises, placement disruptions, and the child having to be moved to a higher level of care. Along these lines, foster parents feel they could use more training on identification of "red flag" behaviors so that problems could be addressed earlier.

The Billings community meeting also expressed concern with **obtaining necessary services** for children, particularly before they are involved in the child welfare or juvenile justice systems. Mental health providers may identify significant concerns in a family system requiring intensive treatment but are unable to assist the family in obtaining services because they do not have the funding. Some providers will then make referrals of abuse/neglect or delinquency in an attempt to secure funding for the services needed. Parents that have a child that needs residential treatment but cannot pay for it may be encouraged

by mental health services providers to assert that they will abandon their child or harm their child in order to get the Division involved to pay for services. Decertification is another issue in that children may be decertified for current services, such as an intensive therapeutic group home placement, prior to the development of an alternate plan.

In a community meeting in the northern part of the state which is very rural, participants mentioned that a weakness in their area is the availability of case management and mental health services.

In Kalispell, the participants in the community meeting mentioned that the Medicaid payment system is cumbersome and difficult to navigate, resulting in fewer and fewer providers who will accept Medicaid cases. Improvements in the Medicaid reimbursement system and increased rates would likely improve availability of qualified providers.

The community meeting in Miles City in the eastern part of the state indicated that for them, a significant gap in mental health services is the lack of any crisis or inpatient services available in their area. In order to obtain these services, parents and children must travel significant distances. In addition, local hospitals lack specialization in mental health and chemical dependency issues which results in missed diagnoses and inadequate treatment. Participants mentioned that there is a lack of communication between hospitals and other providers. A strength in the area was noted as the collaboration of community service providers and law enforcement who work together to fill in service gaps.

During the initial PIP for Montana, the baseline rating for this item was 48%. The target goal was 52%. The four quarters of the PIP reviews had ratings of 64%, 67%, 75% and 75% respectively, with the target goal being met in all four quarters

Peer case reviews show that for all three periods under review, (10/1/05 – 3/31/07), in 69.66% of the cases reviewed statewide, the agency appropriately assessed and addressed the child's mental health needs. Regional performance ratings are shown below:

		Foster Care		Contracted In-Home		In-House In-Home	
	Overall Rating	Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed	Strength Rating	Cases Reviewed
Statewide	69.66%	79.00%	100	46.15%	39	66.67%	6
Eastern Region 1	36.84%	50.00%		20.00%		0.00%	
North Central Region 2	73.91%	80.00%		40.00%		100.00%	
South Central Region 3	73.47%	86.11%		38.43%		---	
Southwestern Region 4	70.83%	84.62%		50.00%		100.00%	
Western Region 5	80.00%	79.17%		83.33%		---	

Foster care cases had 21 cases rated as an area needing improvement out of 100 cases reviewed. The primary reason for the ANI rating in these cases was a lack of documentation that the child's mental health needs were assessed (14 cases). The next most common reason for the ANI ratings was a lack of documentation that mental health services were provided although a need had been identified (7 cases).

In-house in-home services cases had 2 cases rated as an area needing improvement out of 6 cases reviewed (66.67% strength). The reason for both cases being rated ANI was a lack of documentation that mental health services were provided although a need had been identified.

Contracted in-home/reunification services cases had 21 cases rated as an area needing improvement out of 39 cases reviewed. The primary reason for the ANI rating in these cases was a lack of documentation that the child's mental health needs were assessed (15 cases). The next most common reason for the ANI ratings was a lack of documentation that mental health services were provided although a need had been identified (6 cases).

The likely reason that many children do not have their mental health needs assessed is that most mental health evaluations are not pursued unless there are identified concerns, i.e. the child acts out behaviorally. In many cases, the Child Assessment by Foster Care Provider is not completed or returned to the child protection specialist which limits the ability to determine if the child has mental heath needs that need to be addressed. As mentioned in the community meetings, one solution might be to refer every child admitted into foster care for a mental health evaluation, although this would not always be possible given the lack of resources in some areas. Another solution might be to complete a standardized mental health/behavioral assessment (such as the optional SDQ assessment) on every child at the beginning of placement or at the start of in-home/reunification services. Such an assessment would ensure that every child is at least initially assessed for mental health needs.

Reasons for the lack of documentation indicating that mental health services were provided are similar to reasons noted earlier as to why other medical information is not always documented. Transportation is a big deterrent -- a child protection specialist in the Eastern part of the state reported having to transport a child 4 hours one way just to see a child psychiatrist. This is not unusual for rural areas when specialized services are needed. Sex offender services for youth are very limited in Montana, particularly for female offenders which often requires placement out-of-state to obtain treatment.

As mentioned earlier, a promising practice is the "Follow the Child" program in Missoula County, provided by the Missoula City-County Health Department. Stakeholders strongly recommend that this program be implemented statewide, if possible.

Section IV - Systemic Factors

A. Statewide Information System

Item 24: Statewide Information System: *Is the State operating a statewide information system that, at a minimum, can readily identify the status, demographic characteristics, location, and goals for the placement of every child who is in foster care?*

Montana implemented its Statewide Automated Child Welfare Information System (SACWIS) in 1996. The mainframe information system is called Child and Adult Protection System (CAPS). CAPS is the **official case record** of the Montana Department of Child and Family Services. Intake information, assessment/investigation results, person information, contacts, services provided, court history, paid and non-paid placements, provider and payment information is recorded in CAPS. A case file in the local office containing documents from contracted providers, service providers, correspondence, court orders, etc. may contain supporting documentation. CAPS records are routinely updated and completed before closure.

CAPS is designed to provide the following benefits:

- Facilitates case management
- Data is current at all times on every case
- Assists in timely working of caseload by generating alerts (reminders) to workers
- Data can be shared or transferred at the worker's request

- Helps decrease paperwork
  - Case notes are stored online.
  - 90% of documents are generated by CAPS
- Fulfills the requirements of Adoption and Foster Care Analysis and Reporting System (AFCARS) and National Child Abuse and Neglect Data system (NCANDS) Detailed Case Data Component (DCDC) reporting
  - Montana's AFCARS reports have been penalty-free since the first submission.
- Is adaptable to changing rules and regulations
  - Allows the standardization of policy application across Montana
  - CAPS will change as regulations change
  - A change control committee prioritizes changes
- Produces monthly and annual reports.
  - Pre-designed CAPS reports are available online via a Report Distribution System and also via a software package called Document Direct.
  - Some, very simple, online queries are possible.
- Is "Menu Driven" system
  - Menus offer quick access to desired screen
- Screens are organized to facilitate case entry and maintenance
  - Critical data is passed from screen to screen
  - Ensures timely working of case
- Security Access
  - A worker's C-number (c71234) is assigned by the Security Officer to:
    - Prevents and detects unlawful access and investigate security problems
    - Maintains confidentiality
    - Protects Montana's system and data integrity
  - A worker's security is tied to their C-number and to their staff type within the system
    - Security will allow the worker to view clients or reports assigned in their county (region if they have regional access) only. Workers may only view other clients

or reports outside the county/region if the assigned worker allows them access (share or read-only)

- Each worker chooses his/her own password:
  - This is unique to each worker. Workers are informed that they should not write their password down or let other workers (including their supervisor) know their password.
  - Passwords must be a minimum of six (maximum of eight) characters long and must contain at least one letter and/or one number. The system requires a worker to change their password every 60 days, and the same password cannot be reused until the sixth time.
  - CAPS will display a password re-entry screen if there is no activity on a worker's machine for 15 continuous minutes. The worker will need to enter their password to regain access to the system. This is to prevent use of a worker's computer if they are away from their desk. After an hour of inactivity the worker is logged out of the system and will need to log back in from the entry validation screen to regain access to the system.

Data from the CAPS system serves a variety of needs. Each month the Division's management team receives reports that cover the entire spectrum of services: investigations, placements (for all children in state and tribal custody), exits, numbers of children in care 15 of 22 months, numbers and types of permanent placements, numbers of licensed foster homes. Data is provided by region to help in readily identifying any anomalies that may occur.

Supervisors and Regional Administrators use the CAPS system daily to manage caseloads, to ensure work is accomplished in a timely manner, to review casework/case notes. CAPS allows them quick access to historical records and legal status of children in our custody

CAPS is also used in performing child protective services **background checks** on persons seeking employment in child care services and persons seeking licensure for foster care or adoption.

A large number of **pre-designed reports** are automatically generated on a monthly, quarterly, or annual basis to aid in managing the work of the Division. These reports are very useful and provide information on investigations/determinations, out-of-home care, entry cohort data, ICPC, parental rights terminated; children in care 15 of 22 months, permanency planning, caseload, provider licenses, youth in independent living programs, out-of-state care, as well as many fiscal management reports. The same series of reports is created for children in the care of Tribal Social Services. These reports are routinely examined to ensure they meet the needs of the way CFSD does business.

Extraction of data was once a weakness of the CAPS system. Because CAPS is a legacy system, creation of new reports requires that a program be written to extract the data and present it in a usable format. The limited number of programmers under contract used to make it difficult to have a new report created. Today by using straight data extractions rather than needing a specific page format, reports are generated more quickly. The flat file extractions now allow data to be examined in both Access and Excel. The state is in compliance with both AFCARS and NCANDS DCDC reporting. **A new reporting system**, Results Oriented Management (ROM) now allows for the use of data from AFCARS and NCANDS extractions. It should be noted that whenever management expresses a critical need for information from the CAPS system, other work is put aside and the contractor is able to respond in a very efficient and timely manner.

System accessibility is very good; every office in the state is connected. The CAPS system can even be accessed from a home computer with a modem. CAPS person searches can be performed from anywhere in the state during day or night hours, which means workers going out on emergency investigations are able to access prior history information. Workers are expected to update information daily. CAPS users experience very little system downtime.

Some of the stakeholders are contracted with CFSD to provide family prevention/ preservation services and they would like to see the prevention data maintained on the CAPS system. This is not currently done, but it is recognized as a need.

Montana completed development of the NCANDS Detailed Case Data Component in January 2002. We have developed reports now that enable us to better monitor things like recurrence of abuse and re-entries into foster care.

Also in January, 2002, Montana converted to a centralized intake system. Reports of child abuse/neglect are called into a toll-free number. A trained worker takes the report by phone and enters it onto the CAPS system to be assigned out to a field worker. This has freed up time for our field staff and also brings more consistency to the handling of reports. Report information is more current on CAPS since it is the sole function of central intake staff.

The **2007 legislation session appropriated money for a new, modern information system** for Child and Family Services. Discussion is under way with the Court Improvement Program. It is hoped that the new system will link with courts around the State of Montana. This two way communication should even further enhance the safety and welfare of children. With good planning and lessons learned CSFD is looking forward to one of the most modern and accurate child protection information systems in the country.

B. Case Review system

Item 25: Written Case Plan. *Does the State provide a process that ensures that each child has a written case plan, to be developed jointly with the child, when appropriate and the child's parent(s), that includes the required provisions.*

The **case plan document** used by the department is the DocGen 427 Foster Care Case Plan. Completion of an initial plan is required within 30 days of placement for a child placed under a voluntary placement agreement and within 60 days of placement for a child placed under a court order. At a minimum, the case plan is to be updated when a child moves to a new placement or when there is a change in the permanent plan occurs. The case plan is updated by entering current information on CAPS screens. The information entered is electronically 'copied' into the DocGen 427. The DocGen 427, Foster Care Case Plan is printed at least every six months and is the primary document provided to Foster Care Review Committee members prior to or during the periodic review.

The case plan is to be **developed jointly** with the child's parent(s) or guardian(s) as possible. Based on the CWS Survey, parents are included in this process on the majority of cases. If the parent(s) or guardian(s) are unwilling or unable to participate in the development of the case plan, the reason is to be documented in the case plan. The child is to be included in the development of the plan as appropriate based on age (usually 12 years) and capacity.

Documentation that a case plan has been generated is not recorded in CAPS as an event and therefore CAPS can not be used to determine the percentage of initial or ongoing case plans completed in a timely manner. Supervisory oversight is one method of tracking compliance with this requirement. Case record reviews conducted under the direction of the Program Assessment Team and the periodic review by FCRC are other means of **monitoring compliance** with the case plan requirements.

Since the previous CFSR review, the **case plan document has been redesigned** to be a more user friendly and a more readable document. Increased system generated information is pulled into the case plan (provided the information has been entered in CAPS). The case plan is completed by answering a series of questions, some open ended (allowing for individualization to reflect a family's needs) and some with a choice of responses. Once the person completing the case plan has answered all of the required questions, a hard copy of the case plan is produced. The Program Improvement Group members, particularly child protection specialists and supervisors were integral in the development of and ongoing changes to the case plan document. The plan is a very comprehensive document which attempts to anticipate and provide answers to any questions/concerns that might arise during review.

Item 26: Periodic Reviews. *Does the State provide a process for the periodic review of the status of each child, no less frequently than once every 6 months, either by a court or by administrative review?*

Periodic review of the status of each child in foster care is met by the State through periodic reviews conducted by **Foster Care Review Committees (FCRC)** for children under **state court** jurisdiction, including eligible children under the juvenile justice system. Either a FCRC or a court may review the status of children under **tribal court** jurisdiction to meet the periodic review requirement.

Each **District Court Judge**, in consultation with the department, **appoints members** to the FCRC within the judge's judicial district.

Between 1993 and 2003, there were two types of administrative review boards, FCRC and Citizen Review Boards (CRB) conducting periodic reviews. CRB were established under a pilot project administered by the Office of the Supreme Court in 1993. The 2003 Legislature eliminated the staffing and funding for the project. Those areas which had operated CRB had to reestablish FCRC. Since 2003, FCRC have conducted periodic reviews statewide.

A CAPS alert goes to the primary social worker 45 days prior to the date that a review is due. It is the responsibility of the primary worker and/or supervisor to ensure that the foster care review occurs in a timely manner. The primary worker is responsible for updating relevant CAPS screens, printing an updated DocGen427 Foster Care Case Plan and submitting it to the supervisor **at least every six months.** The supervisor provides a copy of the updated case plan to the committee members.

In some, generally rural, areas of the state, <u>all</u> children in foster care are reviewed every six months (even those who have recently come into care), necessitating that the committee only meet twice per year. This schedule is easier for review members and helps to ensure that no required reviews are missed.

A Child Protection Specialist Supervisor (CPSS) is responsible to assure that the child's parents or their attorneys, foster parents, pre-adoptive parents or kinship providers, the child if age 12 or older, the child's attorney, guardian ad litem, CASA, and for Indian children, the child's tribe, are sent a **written notice** at least 10 days prior to the review. The child's parents, the child (if age-appropriate), foster parents, pre-adoptive parents and kinship providers are notified that they have a right to be heard at the review.

In addition to the DocGen 427, Foster Care Case Plan, the worker and or supervisor is responsible for bringing information such as a youth's transitional living plan, report card or other information that supports the case plan to the review, including any information specifically requested by the committee.

The **committee provides a written report** of its findings (DocGen 427, Foster Care Case Plan, Part B) to the department. The department provides a copy of the findings to the court, unless otherwise directed by the court. The child welfare specialist is responsible to ensure that the review code and date of the review is entered in CAPS (IARD screen) and the written report of the findings maintained in each child's file.

If the FCRC's recommendations are adverse to the Division's case plan, the appropriate regional administrator is to be contacted to determine what action is necessary.

The **FCRC process varies** from one judicial district to another. The length of time allocated to an individual child's review varies greatly depending on the judicial district and the volume of cases reviewed. In some instances, the minimal length of the review discourages family members, caregivers, youth, etc., from attending the review.

A change made to the CAPS system in 2005 resulted in an increased error rate on AFCARS element #5 (**date of periodic review**). Department staff and staff from Northrup Grumman (the Department's SACWIS contractor) have spent a great deal of time analyzing the causes for the increased error rate. The most significant reason found was that when the change to CAPS was made, the option of entering a periodic review by a court did not get included. Since the periodic review for many tribal cases are conducted by a court and not by a FCRC, the court reviews could not be entered on CAPS and this contributed to an error rate that exceeded the maximum of 10% for the reporting period 2006B. A code was added to CAPS in March of 2007 to reflect periodic reviews conducted by the court. This element has passed on subsequent reviews, but has remained higher than acceptable.

In the course of reviewing the cases that contributed to the high error rate, it was determined that there were factors which contributed to the error rate other than the missing court review code. By reviewing individual cases, the department was able to determine if:

1. An actual error occurred (review had not been held);
2. A data entry error occurred (review and review date or placement closure date had not been entered in a timely manner); or
3. A "system error" occurred (a child's case was incorrectly reported or the need for a periodic review was incorrectly reported).

To assist in the reduction of the reported errors on this element, a report was developed that identified children with an open placement in CAPS but no open services. This report is sent to staff to identify whether the open placement is correct or if the placement should be closed. The circulation of this report has succeeded in reducing the number of children who are incorrectly reported because of a delay in the entry of the placement closure date.

The **department requested technical assistance** from the National Resource Center for Child Welfare Data and Technology to assist with the effort to correct "system errors." Staff from the NRC conducted an AFCARS review in November 2007. The report from the review has not yet been received. The technical assistance provided is expected to ensure that any changes made to the current CAPS system are programmed correctly which will result in more accurate reporting on element #5. The technical assistance will also be of great help to the department in developing the new SACWIS system.

Item 27: Permanency Hearings. *Does the State provide a process that ensures that each child in foster care under the supervision of the State has a permanency hearing in a qualified court or administrative body no later than 12 months from the date that the child entered foster care and no less frequently than every 12 months thereafter?*

Montana statute requires a permanency hearing be held within thirty days of a determination that reasonable efforts to provide preservation or reunification services are not necessary; not later than twelve months after an initial court finding that the child has been subjected to abuse and neglect or twelve months after the child's first 60 days of removal from the home, whichever comes first; and within twelve months of the initial hearing and every twelve months thereafter until the child is permanently placed. During the permanency hearing, the court is to make a finding as to whether the Division has made reasonable efforts to finalize the permanency plan for the child.

An actual hearing is to be held, not a paper review, ex parte hearing, agreed orders or other actions or hearing which are not open to the participation of the parents of the child, the child (if of appropriate age), and foster parents (including kinship providers), or pre-adoptive parents. The purpose of the hearing is to present to the court the permanency plan for the child and to receive judicial approval of the plan.

The judge is to review the plan and make findings on whether the plan is in the child's best interests and whether the social worker has made reasonable efforts to finalize the plan. The court may order the Division to take steps to effectuate the plan, or may enter any other order that the court determines is in the best interests of the child, as long as the order does not conflict with statutory permanency options.

The **statutory permanency options** available to the court include reunification of the child with the child's parent or guardian, placement with the non-custodial parent, placement with a fit and willing relative, adoption, appointment of a guardian; or a planned permanent living arrangement for a child.

A permanency hearing may be combined with another hearing, such as a hearing for termination of parental rights, if held within the time limits of the other hearing and if the requirements for the other hearing are also met.

Social workers are to enter information regarding the court hearing on the CRTD screen in CAPS following the hearing. Information that should be entered is described in policy (301-2 Required Judicial Hearings).

The 2007 Montana Child Welfare System **Survey** indicated that in areas where both staff and stakeholders believed that permanency hearings occurred on time, 20.9 % of the respondents indicated the primary reason was that the child protection system monitored the cases to insure the hearings were scheduled in a timely manner. Conversely, in areas where both staff and stakeholders believed there were delays in conducting permanency hearings, 20% of the respondents indicated that improvements are needed in the child protection system to better monitor cases to insure that permanency hearings are scheduled in a timely manner.

Other reasons that were identified in the areas where respondents believed that delays in permanency hearings seldom or never occurred were:

- County attorneys are fully familiar with permanency hearing requirements. 16%
- When court schedules become overloaded, child welfare cases are seldom rescheduled. 6.2%

- The parties involved in this legal process seldom request continuances. 3.1%
- Court appeals seldom occur in termination cases. 2.2%

There was no response to this question from 28.9% of the respondents. Another 22.7% had comments, many of which were "don't know".

Of the respondents who indicated that they believed there were delays in conducting permanency hearings, cited the following reasons:

- The parties involved in this legal process request too many continuances. 13.3%
- When court schedules become overloaded, child welfare case are often rescheduled. 8.9%
- Court appeals have become a common practice in termination cases. 1.8%
- County attorneys are not fully familiar with permanency hearing requirements. 0.4%

There was no response to this question from 37.3 of the respondents. Another 20% indicated through comments that they did not know why there were delays.

A 2005 change in Montana statute allowed Foster Care Review Committees to conduct permanency hearings at the discretion of the court if there are no objections by a party to the proceeding. It was hoped that this change in statute would help to alleviate court delays in conducting permanency hearings. The statute requires signature of a Judge to approve the decision of the FCRC, but does not require a hearing in front of the Judge. In a majority of districts, however, Judges continue to require the hearing to be held in Court.

During the 2003 Title IV-E review, the largest category of errors and disallowances was in **late Permanency Hearings**. Eighteen of the 29 error cases had late permanency hearings and an additional five had no permanency order in the file. Since the establishment of the Title IV-E unit, staff carefully tracks permanency hearing requirements for Title IV-E eligible children. Their efforts were recognized during the 2006 Title IV-E review when no cases failed because of permanency hearing issues.

A mock permanency hearing was held at the 2nd Montana Leadership Summit in August 2007. Attendees included district court judges and court personnel, defense and prosecuting attorneys, guardians ad litem, CASA program directors and agency staff. The mock hearing was scheduled so that everyone who attended the Summit had a chance to participate in the mock hearing. Staff from several National Resource Centers acted as the facilitator, panel members and/or expert witnesses. Other panel members included a district court judge, community stakeholders and three Foster All Star alumni. The attendees were seated at large tables and each table represented one of the family members, the CASA volunteer or the agency. Evaluations about the mock permanency hearing were very positive and indicated that the hearing had successfully made the participants aware of the time needed for a meaningful hearing to be held and who needs to be invited and attending these hearings. The mock hearing was **planned by the Court Improvement Project Training grant subcommittee**, which consists of both court and agency staff.

Item 28: Termination of Parental Rights. *Does the State provide a process for Termination of Parental Rights (TPR) proceedings in accordance with the provisions of the Adoption and Safe Families Act (ASFA)?*

Montana Code Annotated, 41-3-604 **and Division policy** require that if a child has been in foster care under the physical custody of the state for 15 months of the most recent 22 months (including time in voluntary placement), the best interests of the child must be presumed to be served by termination of parental rights. If a hearing results in a finding of abandonment or that reasonable efforts to provide preservation or reunification are not necessary (parent committed prior serious abuse or neglect or parental rights terminated to another child), unless there is an exception made, a permanency hearing must be held within 30 days of the judicial determination and a petition to terminate parental rights must be filed within 60 days of the finding. In these cases, a petition to terminate parental rights must be filed *unless* the child is being cared for by a relative, the department has not provided the services considered necessary for the safe return of the child to the child's home, or the department has documented a compelling reason, available for court review, for determining that filing a petition to terminate parental rights would not be in the best interests of the child. If an exception is requested, the child protection specialist must file a report to the court or Foster Care Review Committee at least 3 days prior to the next hearing detailing the reasons that the petition for termination was not filed.

Compelling reasons listed in the MCA for not filing a petition to terminate parental rights include, but are not limited to, insufficient grounds for filing a petition or adequate documentation that termination of parental rights is not the appropriate plan and not in the best interests of the child. Division policy lists other examples of compelling reasons for not filing which include but are not limited to:

- the child is in a therapeutic placement which is longer than 15 months and cannot return home until s/he completes the treatment program;
- the child is an unaccompanied refugee minor;
- there are international legal obligations or compelling foreign policy reasons that would preclude terminating parental rights;
- or adoption is not the appropriate permanency goal for the child because:
  1) the child is an older teen who specifically requests that emancipation be established as his/her permanency plan;
  2) a significant bond exists between parent and child but the parent is unable to care for the child because of an emotional or physical disability, no adoptive family is open to continued parental contact, and the child's foster parents have committed to raising him/her to the age of majority and to facilitating visitation with the parent; or
  3) the child's tribe has identified another planned permanent living arrangement for the child. Division policy states that when the compelling reason is because the Montana statutory circumstances to terminate the parent-child legal relationship do not exist, the child protection specialist must immediately modify the case plan to work toward meeting those statutory requirements if termination of the parent-child legal relationship is in the child's best interests.

In practice, **Permanency Planning Teams** meet to monitor the movement toward permanent placement for children. The Permanency Staffing Worksheet is used to track a child's placement and provides reminders of tasks that must be completed depending on the length of time the child has been in placement. Permanency plans are submitted to the court or to the Foster Care Review Committee for approval at regular permanency hearings. At 12 months in placement, the child protection specialist should begin gathering information regarding petitioning for permanent legal custody and at 15 months in placement, either a petition to terminate parental rights or an exception must be filed.

According to **Montana's Data Profile**, the percentage and number of children in care for 17 of the most recent 22 months has fluctuated over several years. In FFY 1998, 42.5% of the children in out-of-home placement in Montana had been in care 17 of the most recent 22 months. This percentage went down in 1999 to 39.4% and again in 2000 to 37.4%. The data profile for FFY 2005 indicates that the percentage was at 27.7% but has gone up each subsequent year with 34.3% in FFY 2006 and 37.6% in the 12 month period ending 3/31/07. The median length of stay in foster care in FFY 2005 was 13.9 months. This rose to 16.4 months in FFY 2006 and to 17.2 months in the 12 month period ending in 3/31/07. Reasons for the rise in numbers of kids in care longer than 17 months are varied; no one reason rises to the surface as the most prominent.

The Permanency Composite data from Montana's data profile indicates improvement each year since 2005. In FFY 2005, 20.7% of children who were in care more than 17 months were adopted by the last day of the year. In FFY 2006, that number was 21.2% and in the 12 month period ending on 3/31/07, the rate was 25.7%. Also in the Permanency Composite data from Montana's data profile, it shows that in FFY 2005, 16.5% of children who were in care more than 17 months became legally free for adoption during the first 6 months of the year. In FFY 2006, this number was 16.0% and in the 12 month period ending on 3/31/07, the rate was 18.6%.

The effect of the TPR requirement on the permanency outcomes of children appears to be negligible. **Some reasons that children might remain in care longer** than 17 months from removal include delays in court hearings including excessive continuances (see Item 7), appeals of the District Court termination decision to the Montana Supreme Court, and exceptions that have been granted by the court or when the court determines that termination is not in the child's best interests. Another reason may be when children have very high needs emotionally, behaviorally or medically and require a high level of therapeutic support such that an adoptive placement most likely would not be able to meet the child's needs. Interstate compact placements may also draw out the length of time that a child is in care due to the lengthy process to approve out of state placements (see Item 45). Unfortunately, there are fewer permanent resources available for older children or for children who are emotionally disturbed. Subsidies for both adoptions and guardianships have facilitated permanent placements but it often remains difficult to find families for these children, thus permanency may still not be achieved for an extended period of time in these cases, despite parental rights being terminated.

Montana is taking **active steps to remediate lengthy foster care placements** and assist children in reaching permanency in a more timely fashion. Since the last CFSR, the agency formed a permanency workgroup that has developed and presented tools to support permanency efforts, including a permanency checklist for supervisors to use in permanency staffings and a list of resources for conducting a diligent search. In addition, Montana's participation in the Region VIII Breakthrough Series Collaborative on Permanency for Older Youth and agency management focus on permanency for older youth has resulted in increased efforts to secure permanent placements for older youth. As mentioned, in some areas, specific staff have been designated to carry a specialized caseload of older youth, so that they can focus on providing services and developing permanency options specific to older youth. In addition, recruitment efforts have included targeted strategies to locate placements for older youth and emphasis has been placed on including youth more in decision-making. One **promising practice** is Youth-Centered Meetings, which were developed recently in an attempt to better engage older youth who are about to leave the foster care system in planning for their future and to facilitate permanency after leaving foster care. Response to youth centered meetings has been fairly positive so far, although they are still fairly new. It is hoped that these efforts will assist youth in achieving permanency more quickly, especially older youth.

Several **positive changes** in Montana have affected the timeliness of termination of parental rights proceedings. Montana's annual Legal Summit has improved collaboration with the legal system. The Legal Summit brings together judges, attorneys, public defenders, child protection specialists, guardian ad litems and court appointed special advocates with the goal of improving the legal process in child welfare cases. Opportunity is provided at the Summit for local areas to collaborate on changes in the local court process. The Legal Summit has provided a tremendous opportunity for increased communication and collaboration in the child welfare legal system. As a result of the Legal Summit, the Montana Supreme Court has shortened the time it takes to rule on TPR appeals. Another change has been the legislative establishment of the Child Protection Unit. This unit consists of attorney specialists who work with the Division and the Courts to expedite termination of parental rights, where appropriate, and finalize adoptions.

Item 29: Notice of Hearings and Reviews to Caregivers. *Does the State provide a process for foster parents, pre-adoptive parents, and relative caregivers of children in foster care to be notified of, and have an opportunity to be heard in, any review or hearing held with respect to the child?*

CFSD policy requires supervisors to assure that foster parents, pre-adoptive parents and relative caregivers are provided notice of the Foster Care Review Committee meetings and their right to be heard at the meeting. The notices are to be sent not less than ten days prior to the date of the review.

Montana statute was amended in 2007 to provide caregivers a right to be heard, as opposed to an opportunity to be heard. By statute, the attorney filing the petition (generally a county attorney) is responsible for providing legal notice of court hearings to foster parents, pre-adoptive parents and kinship providers informing them that they have a right to be heard. The actual process by which caregivers are provided notice of court hearings varies, despite the fact that the statute clearly defines that it is the responsibility of the attorney.

C. Quality Assurance System

Item 30: Standards Ensuring Quality Services. *Has the State developed and implemented standards to ensure that children in foster care are provided quality services that protect the safety and health of the children?; and*
Item 31: Quality Assurance System. *Is the State operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the Child and Family Services Plan (CFSP) are provided, evaluates the quality of services, identifies the strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented?*

Child and Family Services Division standards and outcomes for providing services for children in foster care placements were based on the 1997 ASFA requirements which have been codified into Montana Code Annotated statute and agency policy. Division policy incorporates requirements from the Child and Family Services Improvement Act of 2006, Public Law (P.L.) 109-288.

Overall Montana continues to make gradual and sustained improvements in the areas of safety, permanency and well-being as evidenced by **five consecutive years of longitudinal peer case review** data. Increases in FTE have contributed to overall improvement noted throughout this document. The nature of peers reviewing each other's cases fosters regular opportunities to improve practice and documentation statewide. Increased interest from outside stakeholders participating in the peer case

reviews has been positive and beneficial in building and maintaining partnerships in Montana's child welfare system.

In the Montana Child Welfare **Survey**, 49% of the respondents (stakeholders and CFSD staff) acknowledged peer case reviews (consistent with CFSR onsite case review tool) as one of the Division's primary means of accomplishing evaluation of services and program improvement measures. Twenty-three percent of the respondents stated they had participated in peer case reviews and 57% of those who participated found the experience helpful in carrying out their role in the child welfare system

Geographic territory, as well as limited staff and financial resources limit the number of cases that can be reviewed (75 cases every six months). **Challenges** with data management and an outdated case management system (CAPS) does not lend to data extraction relevant to all current CFSR measures. The Division is seeking assistance through the Department to improve data management resources and applications

The Division has **many components to its quality assurance system** to ensure that children in foster care are provided quality services that protect the safety and health of children:

- **Division policy** provides clear direction regarding the legal basis for required state intervention into the family and the legal procedures, which must be followed by the Division to fulfill its responsibilities to protect the welfare of children.

- **Case management** provided by the child protection specialist and the **supervisory reviews** provided by the child protection specialist supervisor provide assurances that each child's progress, safety and permanency plan are assessed at case conferences. The frequency of supervisory reviews is determined by the experience level of the caseworker and the type of case (foster care placement, placement with a child placing agency, placement in residential care) targeting specific circumstances. Peer case reviews indicate that an average of 63% of the applicable cases had documentation of supervisory review of the case at least once during the period under review during the post-PIP period (10/1/05 – 3/31/07)

- Montana's statutes provide for the creation of **child protective teams** and a permanent child protective team (CPT) exists in most counties. The CPT assists in assessing the needs of the family, formulating and monitoring a treatment plan and coordinating services for the family and constitutes one component of the quality assurance system for children in out-of-home placement. The team can review the plan for the child, the progress made on the case, and make recommendations for modifications to the case plan.

- **Permanency Planning Specialists** identify barriers to achieving permanency, e.g., length of appeals, court continuances, identifying paternity, etc. and work to resolve them. The permanency planning specialists utilize a team approach involving various Division staff in an effort to ensure every child achieves timely permanence. The teams include Division staff as well as others significant to the child, such as therapists, kin, tribes, to address planning issues.

- The **permanency plan hearing** has been a statutory requirement in Montana since October 1, 1997 – prior to the passage of ASFA. Courts conduct these hearings according to statutory requirements (which reflect the ASFA requirements) to ensure that every child has a permanency plan and to specify how that plan will be achieved, as well as reviewing services to the child's parents.

- The **Foster Care Review Committees** are established in each judicial jurisdiction in accordance with statutory requirements to conduct an administrative review every six months of the child's placement, the services provided the child, and the child's case plan. The Foster Care Case Plan provides the basis for the review.

- **The Division's automated case management and information system, CAPS**, is a component of the quality assurance system in that data derived from the system assists the Division in identifying trends and changes that must be made in practice and in organization and staff structures. Data is utilized in the peer case review process to assess outcomes for children and families.

- The out-of-home care **licensing program** in Montana is administered by two divisions within the Department: the Child and Family Services Division and the Quality Assurance Division. In 2005 a sample of 50 licensing cases were reviewed for compliance with Title IV-E requirements statewide and found 92% were in full compliance at the time the license was issued, and another 2% were in full compliance during the month the license was issued. In 2006 Montana passed the federal on-site Title IV-E review with just one possible error noted, which did not relate to licensing standards. The entire licensing program ensures that every individual and agency providing placement services to a child provide those services at a basic level that will assure the child's safety, health and well-being.

- The **Division's State Advisory Council** serves as both the CAPTA Citizen Review Panel and the Children's Justice Act Task Force. In these functions, the State Advisory Council reviews policies and practices to determine whether the policies and practices are consistent with state and federal requirements. This council is key to providing stakeholder input to our CFSP and to policy changes. This year they reviewed actual cases (one urban, one rural) from the report stage through dismissal.

- The **guardian ad litem and/or court appointed special advocate** (lay person) are individuals external to the division and are appointed by the court are charged with representing the child in judicial proceedings and provide information to the court regarding, among other things, the appropriateness of the services the Division provides to the child who is placed in out-of-home care.

- The **Program Assessment Team** conducts internal and external record reviews, tracks progress in meeting CFSR requirements, and monitors outcomes. This team was created in August 2004, and consists of two program managers, five program assessment specialists and the program assessment supervisor. Results of peer case reviews and contract compliance reviews conducted by this team are shared regularly with the Management Team and in other venues such as statewide policy training, during MCAN and with contractors. The Division is seeking options to more efficiently manage data electronically and to be easily accessible to management staff.

- The **Program Improvement Group** was created to assist in the development of assessment tools and implementation of new practices resulting from Montana's Program Improvement Plan (PIP). The Program Improvement Group's membership is represented by field staff, management, and central office program managers who collaboratively assisted in drafting, testing and training staff on new protocols and policies.

- The **Division's Montana Results Oriented Management (ROM)** system which is another tool for managers to ensure timely and quality services are provided within required time frames. This system utilizes extracted information from CAPS and synthesizes it into charts and graphs allowing the manager to drill-down to specific cases. The system also:

- Provides Summary of Research. This web-based tool provides summaries of child welfare research evidence associated with the six major CFSR outcome measures.
- Organized by Factors. The tool organizes the research by four factors associated with impacting outcomes: 1) child and family, 2) organizational, 3) service, and 4) community factors.
- Possible Steps to Take. The tool offers ideas for action steps to consider when designing program improvements as indicated or implicated by the research. Within this are links to other resources on the web.
- Level of Evidence. In the Evidence Based Practice Tool, research studies have been divided into two categories: those demonstrating a high level of evidence and those with a medium level of evidence. The two ratings were based on a system developed by the Child Welfare League of America. Selection criteria included level of research rigor, reliability of data, generalization of the study, and replication of the study.

- The final component in the Division's quality assurance system to ensure children in out-of-home placement receive quality services is the **training program**. The Division's training program builds and enhances staff skills and knowledge. It maximizes training services by collaborating with other agencies. The training program also educates foster parents and other service providers regarding the needs of children placed in out-of-home care.

  Protocols and training relevant to peer case reviews have been developed and implemented since the Round One CFSR. New employees are oriented to the peer case review process, and the Division has remained committed to ongoing case reviews to promote safety, permanency and well-being for children and families served in Montana. Supervisors participate in case reviews at quarterly statewide meetings; and field staff, central office staff, stakeholders and contractors come together to review cases at a variety of locations across the state. The Division adopted the new federal case review instrument after its release in July 2006, and made enhancements to make the tool more user-friendly.

Under the **first CFSR's rating**, Montana's quality assurance system was cited with an Area Needing Improvement in Round One of the CFSR (2002) as indicated below:

- *while CFSD has standards for providing services to children in foster care in State statute and in division policy, stakeholders commenting on this issue identified a concern that the requirement regarding workers making face-to-face contact with children in foster care only once a quarter poses a safety issue for children.*
- *Another concern identified involves the practice of children being placed in foster homes beyond their licensing capacity in some parts of the state due to lack of foster homes.*
- *not operating an identifiable quality assurance system that is in place in the jurisdictions where the services included in the CFSP are provided, evaluates the quality of services, identifies strengths and needs of the service delivery system, provides relevant reports, and evaluates program improvement measures implemented.*

The **Division responded** to the identified shortcomings in the following manner:

- Division policy was revised in August 2004 and training provided to field staff in September 2004, to require **monthly caseworker face-to-face contacts with children in foster care**. This standard of practice was fully implemented in October 2004. In October 2007 the Division

implemented policy requiring caseworker visits to occur monthly where the child resides in foster care; a comprehensive training was provided for all staff statewide to improve the frequency and quality of caseworker visits with children.

- In August 2004 the Division developed and implemented **new standards regarding licensing**: If placement of the child is outside of the parameters of the foster parent license, a formal request to the licensing worker must be made for a change in license using the Request to FRS Staff for License Change. A copy of the Information on Child for Placement Purposes is also provided. The FRS is responsible to assess the home and the needs of the child to determine if the child's needs can be met in the placement and the license should be modified.

- Montana's **peer case review process** was developed and implemented in 2004 as identified in the PIP. The Division has enhanced and expanded the peer case review since the completion of the PIP. These reviews are a beneficial component of the quality assurance system and it is part of the Division's culture of practice. Data resulting from peer case reviews is more visible and accessible. Supervisors use participation in peer case reviews as a training tool for new employees. Peer case reviews protocol has been a component of the Montana Child Abuse/Neglect (MCAN) training for new Division staff (geared toward new Child Protection Specialists), and a part of the CAPS Training (during topic of 'Data Quality'). Regular discussion about peer case reviews occurs at Management Team meetings, Advisory Council meetings, quarterly statewide supervisors meetings and wherever opportunities arise with stakeholders, contractors and community partners.

  Montana Results Oriented Management (ROM) is another tool for managers to ensure timely and quality services are provided within required time frames. This system utilizes extracted information from CAPS and synthesizes it into charts and graphs allowing the manager to drill-down to specific cases. This program provides timely reports in a format not currently available in CAPS and provides the Division with the ability to draw large samples of data relating to CFSR measures, AFCARS and NCANDS data.

The **Title IV-B State Plan** is focused on the Child and Family Services Review's outcomes of safety, permanency and well-being. Input is obtained from a variety of sources including state and local advisory councils, Tribes, and partners in child welfare service provision. The plan strives to define continuous efforts to improve CFSR-related goals and objectives to ensure improved outcomes for children and consistency in Division efforts

The mechanism for linking the monitoring of services provided to children in out-of-home care to efforts to conduct continuous quality assurance is the oversight provided by the Division's Management Team. Montana statutes and the Division's policies and procedures are designed to assure child safety, permanency and well-being. Statute, policy and procedures incorporate the federal requirements of ASFA, CAPTA, Titles IV-B and Title IV-E. The management structure of the Division is designed to monitor the provision of services to each individual child in the custody of the Department.

D. Staff and Provider Training

This assessment of the Child and Family Services Division's training encompasses Item 32, Initial Staff Training, Item 33, Ongoing Staff Training, and Item 34, Foster and Adoptive Parent Training. All of these items passed the 2002 Child and Family Services Review (CFSR). Though the Division's training was not targeted in the 2002 CFSR, incorporating best practices to strengthen outcome areas has encompassed all aspects of training provided by CFSD from 2002 to the present.

Training has been the primary means utilized by CFSD to deliver information to field staff on the changes in practice mandated by the 2002 Program Improvement Plan. The means for transfer of learning has been the Division's **state-wide Supervisor/Leadership Meetings**, in **Policy Training** for all staff and interested stakeholders, and in **regional trainings** lead by the Division's Regional Administrators.

The Division's **newsletter** has been another avenue for communication with staff on changes in policy and tips on best practice.

Key strengths in CFSD training include collaboration with child welfare partners to maximize limited resources to meet Montana's training needs. The first example is **videotaping national speakers** at the annual Prevent Child Abuse and Neglect Conference, and utilizing these tapes in self -study courses for foster and adoptive parents and for training CFSD staff as well as future guardian ad litems, Court Appointed Special Advocates and attorneys.
In 2006 the following speakers were videotaped for training CFSD staff and for self - study courses for foster and adoptive parents, and for GAL, CASA and attorney training:

1. Regina M Kupecky, LSW - "Sibling Relations in Adoption & Foster Care"
2. Elizabeth Kohlstaedt, Ph.D - Early Childhood Development "Implications for Court"
3. Nancy Underwood Long - The Meth Epidemic and Ronald Clevenger, The Meth Brain
4. Jane Malpass and Jane Thompson - Case Building to Permanence (two parts)

In 2007 the following speakers were videotaped for self - study courses for foster and adoptive parents and for GAL,CASA and attorney training:

1. Sandra Wells & Kathryn Wells - Drug Endangered Children: From Research to Practice (two parts)
2. Janyce Fenton - Concurrent Permanency Planning (2 parts)
3. Anna Haralambie - Child Interviewing & Counseling Skills for GAL's, Casa's. and attorneys
4. Dee Anna Newell - Providing Services to Children and Families of Incarcerated Parents
5. Brenda Roche - The Effects of Chaos on Children, Ages 6-12
6. Courtney Buress - Life Long Connection : Permanency for Older Youth
7. Rhonda Martinson - Safety Planning and Domestic Violence

The second example is the Division's collaboration with Montana's Department of Justice's Division of Criminal Investigation's, Montana Child Sexual Abuse Response Teams Project (MCSART) to address Montana's needs for **forensic interview training**. The MCSART addresses child sexual assault work in Montana communities with a focus on Child Advocacy Centers.

A key opportunity for improvement in CFSD training in the 2002 to present time frame is working to overcome the training barrier of Montana's vast land area. To participate in the 2008 Prevent Child Abuse and Neglect Conference in Missoula, CFSD Miles City staff will drive (roundtrip) for 16 hours. Partnering with the University of Montana's School of Social Work, the Division is creating a **The**

Montana Child Welfare Training Partnership and will address the "windshield time" obstacle through the use of technology and by hiring training staff in strategic locations around the state.

Publications

The Division produces publications to assist communities by providing information about CFSD work.

The "What Happens Next? A Guide to the Child and Family Services Division (CFSD) Child Protection Services (CPS) August 2007" booklet is a guide to help families understand what happens during a CFSD assessment and investigation. The booklet provides answers to questions most often asked after a report of possible child abuse or neglect has been received by the CFSD child abuse hotline. The booklet describes possible legal interventions and informal parent support, and is often used by the public to better understand the Division's work.

"Montana School Guidelines for the Identification and Reporting of Child Abuse and Neglect 2007-2008 " The booklet assists school personnel with information on how to report suspected child abuse and neglect, and includes information on recognizing indicators of child maltreatment, support for children and their families, Montana state laws on confidentiality, and contact information for CFSD response offices and phone numbers for Montana's 56 counties.

These booklets are also utilized by Division staff when they are training new CASA staff and for other community training requests.

Item 32: Initial Staff Training. *Is the State operating a staff development and training program that supports the goals and objectives in the CFSP, addresses services provided under Titles IV-B and IV-E, and provides initial training for all staff who deliver these services?*

Montana Code Annotated, 2007, 41-3-102 (29) (a) states "Social worker" means an employee of the department who, before the employee's field assignment, has been educated or trained in a program of social work or a related field that includes cognitive and family systems treatment or who has equivalent verified experience or verified training in the investigation of child abuse, neglect, and endangerment.

CFSD Policy Manual October 2007, further **requires**:

- All CFSD Supervisors, child protection specialists, FRS's and case aides are required to complete the entire two weeks of MCAN within three months of being hired.
- All CFSD supervisors, child protection specialists, FRS's and other specified employees are required to complete CAPS training within six months of their being hired.
- All CFSD CPS Supervisors will complete the New Workers Orientation packet with all new child protection specialists and case aides, as appropriate, within 45 days of hire.
- All CFSD staff members are required to participate in all annual Policy Training.
- All child protection specialists are required to complete Forensic Interviewing Training within 18 months after being hired unless a Bureau Chief or Regional Administrator excuses them from this training.
- All regional child protection specialists, FRS's and supervisors are required to complete Keeping Children Safe (KCS) within 24 months after being hired.
- All child protection specialists, FRS's and supervisors are required to complete annual blood-borne pathogen training.
- All new CFSD staff members are required to complete HIPAA training within 30 days of being hired.

- All regional child protection specialists, FRS's and supervisors are required to complete the American Humane Family Group Decision-making training within 24 months of being hired.
- Child protection specialists and FRS's are encouraged to attend MCAN every 5 years.

The Child and Family Services Division (CFSD) Training Unit supports and provides the following **ongoing training:**

New Worker Orientation Packet

- Supervisors for Child Protection Specialists and Family Resource Specialists receive a New Worker Orientation Packet, an introductory system of learning the identification of child abuse and neglect and family centered practice, via direct work and discussion with the supervisor. Twelve hours of training time is allotted for completion of the packet. New child protection specialists and FRS's and their supervisors **must complete these requirements** before the new worker is given sole responsibility for a caseload. The packet contains sections of CFSD policy and Montana statutes on child welfare issues that are read and reviewed with the supervisor. Shadowing staff on no fewer than three investigations, interviews and family visits, and studying the code of ethics, confidentiality law and review sample affidavits, case plans, family group decision making meeting notes, interviewing children, ICWA, family assessments, the investigative safety assessment, and family strengths are part of this orientation. The packet also includes child welfare best practice goals, child sex assault interviewing, effects of CAN on development, why some parents abuse children, violence and its effect on social workers, and the investigative safety assessment protocol. At the first possible opportunity, new workers are also required to complete MCAN training as described below.

  The Program Improvement Group reviewed the New Worker Orientation Packet and made decisions on revisions. The edited packet will be posted on Public Folders in Outlook.

MCAN (Montana Child Abuse / Neglect Training)

- **In addition to CFSD staff, Tribal Social Services and BIA staff from Montana's seven reservations, CASA/GAL volunteers, and foster care review board members are invited to attend MCAN training.**
- In January 2008, MCAN training is in transition, there is a work group developing a new pre-service training as part of the development of the The Montana Child Welfare Training Partnership.
- In the interim between former MCAN training and the The Montana Child Welfare Training Partnership's pre-service training, as of January 2008, the Division has contracted with a former child protection specialist Supervisor to co-train MCAN Week One training with a Training Officer. This individual brings a wealth of experience from her work in the urban area of Missoula, Montana and will contribute greatly to the learning experience for new CFSD staff.
- Currently MCAN is provided in one week segments, in the first week comprising 32 hours of training, philosophy and values, statute and policy are presented in a classroom setting with nuts and bolts identification and assessment of CAN, training on family centered practice, reasonable efforts, ICWA, out of home placement, permanency, grief and loss, treatment plans and team work. New staff then return to the field for a time. In the second week of MCAN training, 30 hours of training is provided in a classroom setting. Training includes legal issues in child protection, working with Montana courts, family group decision making, case reviews, interstate compacts, child development and how CAN impacts development, domestic violence, family systems, HIPAA, drug endangered children, ethics, licensing, permanency planning, Title IV-E, and time studies.

  MCAN Training Data: The number of State and Tribal staff attending MCAN has increased over the years. For example, in 2000, 48 CFSD staff, 4 Tribal staff and 4 "others" were trained; in 2001, 52 CFSD staff, 7 Tribal staff and 10 "others" received MCAN training. In 2006, 4 sessions of MCAN

One and Two were provided; 9 Tribal staff and 98 CFSD staff were trained. In 2007, 5 sessions of MCAN One and Two were offered, 13 Tribal staff and 109 CFSD staff were trained. Five MCAN sessions are slated for calendar year 2008 to ensure new staff receives training as soon as possible.

Item 33: Ongoing Staff Training. *Does the State provide for ongoing training for staff that addresses the skills and knowledge base needed to carry out their duties with regard to the services included in the CFSP?*

Montana does not require a certain number of **training hours**. Staff are required to participate in policy training each year and are encouraged to attend other trainings offered throughout the year. Transportation cost and per diem is covered for the employee while attending training. Staff from external partner agencies are invited, but not required, to participate whenever attendance restrictions allow.

The following training opportunities are offered on an ongoing basis:

CAPS Training
CAPS is CFSD's official case information recording and provider-payment system. A 32-hour introductory course is required for all new employees and a 24 refresher course is offered 3 times annually, as is CAPS training for licensing staff. CAPS training is provided by Northrup Grumman through contract.

CAPS Training Data: For the past two years, the number of CFSD and Tribal staff trained in CAPS has been fairly consistent. In 2007, 80 CFSD staff and 15 Tribal staff received CAPS training. In 2006, 93 CFSD staff and 25 Tribal staff were CAPS trained. A new computer data system for CFSD was funded by the 2007 legislature and a RFP is in development. A federal audit of the CAPS system was conducted from July 31 to August 2, 2007.

Policy Training
Policy Training is required for all CPS related staff, presented by the Division's Program Bureau staff annually in five regions, and has an emphasis on new statutes and continuing policy is reviewed. In-home/reunification services staff are also mandated to attend policy training as part of their contract. In 2007 the CFSD consolidated Policy training to a 12 hour presentation. The Division presents this training in September to ensure staff is informed before new laws go into effect.

Policy Training Data: In 2006, 271 CFSD staff and 11 Tribal staff were trained. In 2007, 294 CFSD staff and 20 Tribal staff participated in policy training. Some tribal staff collaborated with CFSD to present cultural training as part of Division's policy training in 2007.

Qualified Expert Witness Training
Qualified Expert Witness Training is offered annually to help recruit and provide information for potential qualified expert witnesses required under the Indian Child Welfare Act. Topics include preparing for testifying in district court and information on ICWA. Training is typically 12 hours in length and includes participants from all tribes in Montana. The Division's ICWA Specialist organizes and trains the first day of the course and the second day is trained by legal staff from the Attorney General's office. In 2006, 10 tribal staff participated in Qualified Expert Witness Training. In 2007, 10 tribal staff participated in Qualified Expert Witness Training.

Family Resource Specialists (FRS) Training

Training specific to family resource specialists is offered annually. In 2007 the Division addressed the need for more thorough home studies by participating in a pilot program with the Consortium for Children. Structured Adoption Family Evaluation (SAFE) is a home study methodology that provides tools and practices for the description and evaluation of prospective foster and adoptive families, relative care providers and dual licensure of concurrent planning resource families. The desk guide for SAFE has 68 factors rated 1-5 that help determine if a family is ready to support a child in their home. Training on the SAFE home study was provided for FRS staff in Great Falls, March 6-8, 2007. SAFE training involves a 12-hour training for workers and a six hour training for supervisors. The March 8 training was for supervisors only. The use of SAFE was implemented as of April 1, 2007. Tribes and private agencies are invited to attend. A second SAFE training was held in April 2007. SAFE Training was scheduled again in February 2008.

FRS Training Data: In May 2006, 29 CFSD staff participated in FRS training. In February, 2006 there was a Train the Trainer session for the Creating a Lifelong Family segment of KCS training.

In March, 2007 SAFE training participants were 25 CFSD staff, 2 tribal staff, 4 youth homes staff, 3 Yellowstone Boys and Girls Ranch staff, 1 Lutheran Social Services staff, 1 University of Montana staff, 2 Intermountain Children's Home staff, 1 Youth Dynamics staff and 1 Partnership for Children staff. SAFE Training for Supervisors was offered in April 2007 and 33 CFSD staff participated.

Supervisors'/Leadership Meetings

CFSD holds quarterly Supervisors'/Leadership meetings to provide the opportunity for leadership training for the Division's Supervisors. Both child protection specialists supervisors and family resource specialists supervisors participate with the Division's Management Team.

- In 2005 Supervisors focused on case reviews, drug tracking, courtesy supervision, workload reduction, 3rd party sex abuse reports, separate filing on dependent neglect cases, defining requests for services and other ,
- In 2006 the focus of Supervisors meetings included building on strengths of Native American children, updates from the Program Improvement Group including documentation and training on investigative assessments, AFCAR system errors, teen youth court, long term youth permanency, allocation of new staff, working with adoptive families, case reviews, facility investigations, prioritizing tasks and workload reductions, independent living, kinship care, foster teen issues, foster and adoptive recruitment and retention, new youth foster home rules, a new state pay plan, proposed legislation and budget requests, the Legal Summit, Great Falls pilot program one worker for the life of a case, HIPAA, selection committees, and workload study.
- In 2007 Supervisors focused on national and state legislative updates, work with incarcerated parents, case reviews and data reviews for the CFSR, investigating personnel issues, domestic violence, permanency, Adam Walsh requirements, legal issues, and the developing The Montana Child Welfare Training Partnership.

Legal Summit

Division staff including Management Team members, field supervisors, central office Program Officers, and field staff participated in Legal Summits in 2006 and 2007 that were sponsored by the Montana Supreme Court, the Attorney General's Office, the Office of the Public Defender, and the Department of Public Health and Human Services. The summits brought supreme court justices, district court judges, county attorneys, defense attorneys, CASAs, GALs and Division staff, as well as Regional staff from the Children's Bureau, together to address Montana's issues of permanency and children's well being and the

impact of court continuances and delays. Regional action plans were drafted with identified contact persons, and many communities identified the summits as catalysts for changes in the courts for dependency neglect cases.

Forensic Interview Training

In 2006 and 2007 the Division offered Basic and Advanced Forensic Interview Training to CFSD staff and law enforcement officers. These are 16 hour courses, presented by trainers who are nationally recognized clinicians specializing in the field with extensive experience in current interview practices with child victims. The curriculum includes videotaped child interviews, lecture, handouts, role play and peer reviews.

In the 2007 legislative budget, the Department of Justice (DOJ) received an appropriation for forensic interview training and was directed to use the Cornerhouse model. The CFSD Administrator and Training Unit Supervisor met with staff from the Attorney General's office in August 2007 to consult on how the CFSD will coordinate with law enforcement staff in Montana to serve the needs of children and meet the mandate of the DOJ funding.

On October 11, 2007, the DOJ held a meeting to brainstorm with law enforcement officers and CFSD staff from across the state: 11 CFSD staff participated in a group of 45 that included sheriff, police, county attorneys and probation staff. DOJ is identifying this work group as Montana Child Sexual Abuse Response Teams (MSART). CFSD will continue to work with DOJ to collaborate on how children are interviewed across Montana.

CFSD anticipates the January 2008 Basic Forensic Interview Training will be the last time CFSD provides basic forensic training for CFSD staff in the manner it was provided in 2006 and 2007. Fifty participants registered for the 2008 basic training. In the future, the approach for forensic interview training will be driven by multi-disciplinary task force members from the community, working with the Montana

Forensic Interview Training Data: In July 2006, the Division sponsored Basic Training for 27 CFSD staff and 9 law enforcement staff. In July 2006, 18 CFSD staff, 2 law enforcement, and 3 community health center staff attended Advanced Training. The Division has traditionally offered Forensic Interview Training annually in two locations in Montana and included law enforcement with CFSD staff.

CFSD Support Staff Training

Training for CFSD Administrative Assistants is provided annually and is a16 hour training. Administrative Assistants and Managers are asked to suggest trainings. Various professionals in CFSD and others in the community provide the training. Training has included policy and procedure, CAPS and computer programs, office safety, working with hostile clients, cultural competence, and time management.

Support Staff Training Data: In 2006, 35 administrative assistants attended support staff training. In 2007 14 administrative assistants attended support staff training.

Annual Training Calendar

The CFSD Training Unit provides an electronic calendar for all CFSD trainings and conferences which is posted on the intranet for the Department. This enables staff to easily reference dates and contact individuals as well as funding sources for trainings offered by the Division.

Newsletter

The Training Unit provides an electronic newsletter for all CFSD staff to share information and most frequently the importance of the newsletter is to share tips on best practice and keep staff updated on changes in policy and practice.

Desk Book Met Net for Judges and County Attorneys

The Division Administrator collaborates with Department attorneys to write a desk book with new statute and practice for District Court Judges and County Attorneys. A Met Net is presented by the CFSD Administrator with Department attorneys that is presented across Montana and CLEs are made available for participants. The Desk Book and Met Net are presented in late September following every legislative session.

National Resource Centers

National Resource Center for **Family Centered Practice and Permanency Planning**

Regional meetings on permanency and concurrent planning were held in the July and August 2007. Janyce Fenton provided technical assistance on permanency and concurrent planning for Child Protection and Family Resource Supervisors, Permanency Planning Specialists and Family Group Decision Making meeting coordinators. The focus was:
1) assess attitudes and activities around permanency planning & concurrent planning in the context of family centered practice, 2) train and reaffirm the values, beliefs, and activities associated with permanency planning and concurrent planning, 3) correct some of the practice drift which has occurred in the last few years with permanency planning and concurrent planning, and 4) seek the buy in of the supervisors. Following these meetings, an initial and on-going training program will be developed for the purpose of training all staff on permanency planning and concurrent planning.

National Resource Center for **Child Protective Services**

CFSD requested technical assistance from NRCCPS to review and assess Centralized Intake practice and decision making. There was a site visit October 23-25, 2007. This same resource center is now working with the Division to assess the division's investigating process. Once the field work is completed, training (based on the results of the assessment) will be provided to all FRS's, child protection specialists, and supervisors. The training will be mandated for the listed staff.

The Montana Child Welfare Training Partnership

In January 2007, the Division starting working **with staff from the University of Montana** to develop a The Montana Child Welfare Training Partnership. CFSD Management Team members lead the work group for the Division.

- In January 2007, the work group studied the possibility of utilizing the MSW stipend program to create a funding source for the The Montana Child Welfare Training Partnership, having the University assume responsibility to track students and ensure stipend requirements are met.
- Part of the vision is to utilize technology to overcome training barriers. Montana's geography requires that some travel great distances to receive training. A core group encompassing U of M staff, CFSD Management Team members, supervisors and field staff was developed and work groups have been created to develop competency based training for CFSD staff.
- By January 2008, CFSD had made great strides in the development of a The Montana Child Welfare Training Partnership. A strong collaboration with staff from the University of Montana's School of Social Work resulted in the following accomplishments: the Division and the U of M School of Social Work will utilize the Standardized Core Project for California Child Welfare Workers as a template for Montana training.
- The Work groups are editing the SCP to reflect rules and statutes in Montana, with a goal of presenting further information to the Supervisors Meeting in February 2008.

- CFSD plans to have a certification program for Division staff as part of the vision with the The Montana Child Welfare Training Partnership.

Conference Collaboration

Indian Child and Family Conference
The ICF Conference is an annual conference funded by the division and planned/coordinated by In-Care Network Inc. (a non-profit agency focused on out of home placements for Native American children) with the assistance of Social Services staff from Montana's seven reservations, CFSD, the BIA and IHS. In-Care contracts with CFSD to present this conference. The focus of the conference is to address issues that impact Native children in the foster care system and improving cooperation between the states and tribes to better provide services for these children. In-Care schedules speakers and attendees include tribal social services staff, CFSD, CASA/GALs, foster and adoptive parents and other community professionals.

Prevent Child Abuse and Neglect (CAN) Conference
The Division's CAN Conference has grown in recent years to 500-600 participants. This annual event presents research and relevant child welfare training for CFSD staff, in-home/reunification services providers, CASA/GAL, foster and adoptive parents, child protection team members, tribal social services staff, mental health providers, county attorneys and district court judges, foster care review members and others. National speakers present information and training in a three day forum. This conference presents significant opportunities for community collaboration and networking. Dignitaries often participating include the Governor, the Lieutenant Governor, the Attorney General and the Director of the Department of Public Health and Human Services.

The Title IV-E Stipend Program -- University of Montana
The Title IV-E Stipend Program is a contracted program between CFSD and the University of Montana to provide Title IV-E stipends to individuals interested in a career in child protective services and who are earning a bachelor of social work degree or a masters of social work degree from U of M's School of Social Work. Approximately 70 + students have participated in the program since it's inception. BSW student must work full time for CFSD for one year for every academic year a stipend was received. MSW students must work full time for CFSD for two years for every year a stipend was received.

The Title IV-E Stipend Program -- Confederated Salish Kootenai College
CFSD also has a contract with CSKC to provide Title IV-E stipends for tribal members wishing to pursue a BSW or MSW degree, separately from the University of Montana stipend program.

The Division continues to maintain contracts with the University of Montana (UM) and Salish Kootenai College (SKC) to provide Title IV-E stipends to students earning either a BSW or MSW and evidencing an interest in child protective services employment. SKC currently subcontracts with Walla Walla College to provide SKC students access to an accredited MSW program. The stipend program offers significant benefits to all involved parties. More specifically, participating students are allowed to offset appropriate educational expenses via stipends and in turn, once a degree is earned, have the opportunity to work in the child protection field. Approximately 100 students have participated in the program to date.

Participation, particularly in the UM MSW program, has declined recently. This may be due to the geographic location of the University (UM is located in Missoula in the Western part of the state) resulting in prohibitive travel. Additionally, the MSW program at UM is open only to Child and Family Services employees and employee workloads balanced with the demands of participation in a master's

program may be an issue. The Division Management Team is having discussion with the University about whether the UM MSW stipend program should be expanded to non-CFSD staff.

Item 34: Foster and Adoptive Parent Training. *Does the State provide training for current or prospective foster parents, adoptive parents, and staff of State-licensed or State-approved facilities that care for children receiving foster care or adoption assistance under Title IV_E? Does the training address the skills and knowledge base that they need to carry out their duties with regard to foster and adopted children?*

Keeping Children Safe (KCS) Training This pre-service training for resource parents was developed in 2000 and was enhanced in 2006 with the addition of training on adoption. KCS training is provided via co-trainers who are CFSD's FRS's and foster parents. The basic KCS training is required of all prospective foster/adoptive parents. It covers a total of 18 hours of training and is flexible to fit the community's needs in that it may be offered over a period of six weeks or in a concentrated weekend. (see Items 41-42, Licensing, for additional information)

Creating a Lifelong Family is the 6-hour adoption training component that is incorporated into KCS in addition to the 18-hour basic training discussed above.

Montana Foster and Adoptive Parent Association (MSFAPA) Conference
The MSFAPA Conference is an **annual event funded by the division** and offering workshops and training on selected child welfare subjects, including discipline and parenting skills, working with special needs children, ADHD, FAE/FAS, child development, managing stress, current practices, kinship placements, and recruitment and retention. The MSFAPA association is contracted to schedule and arrange the annual conference for foster and adoptive parents. The conference is a three day event.

MSFAPA Conference Data: In 2006, 31 CFSD staff attended the conference and in 2007 there were 21 CFSD staff in attendance with 4 board members and 37 foster families.

In addition, foster/adoptive parents are encouraged to attend the annual CAN conference and to utilize the recorded video tapes on specialized training needs.

E. Service Array and Resource Development

Item 35: Array of Services. *Does the State have in place an array of services that assess the strengths and needs of children and families, that determine other service needs, that address the needs of families in addition to individual children to create a safe home environment, that enable children to remain safely with their parents when reasonable, and that help children in foster and adoptive placements achieve permanency?*

When a family is referred for investigation, Child & Family Services Division **staff identify services needed** through the assessment and evaluation of threats of harm, the family's history, the child's specific vulnerabilities and the parent's protective capacities on the Investigative Safety Assessment (ISA). The ISA was introduced during Montana's first PIP in October, 2004 (described further in Item 4). The ISA is a structured assessment instrument that assists child protection specialists with the identification of present or emerging danger and guides the level of agency intervention. The safety response is driven by the available information assessed on the ISA. The ISA and other safety review tools assist the child

protection specialist in identifying, monitoring and evaluating services provided to the child and family throughout the life of a case.

The child protection specialist and supervisor together determine on a case-by-case basis, whether or not to open a case for services. Services may be provided whether or not the abuse is substantiated. Most cases are provided with direct child protection specialist counseling and given recommendations and referrals to community resources, most often mental health services. In many local offices, child protection specialists will send a letter to the parents with recommendations and community resource information, regardless of whether the report is substantiated or unsubstantiated.

Current practice encourages a **Family Group Decision Making (FGDM)** meeting for all families with children at risk of abuse or neglect, unless family circumstances deem it inappropriate or the family refuses. FGDM meetings may be provided regardless of whether or not a child has been removed from their family. This practice began as a pilot in 1997 and is currently offered statewide. The number of family meetings conducted has grown from 184 in 1998 to 829 in state fiscal year 2007. Due largely to the success of this practice, Montana's 2001 Legislature allocated resources to enable the Division to continue and increase this practice statewide.

The FGDM meeting is a fundamentally respectful process in which family are involved in the decision making process for their child. FGDM meetings empower parents, extended family, friends and service providers to plan for the child's permanency and to contribute to the child safely returning home or being maintained at home whenever possible. During the family meeting, the FGDM coordinator guides the family in the development of a plan for remedying the situation that put the child at risk including identifying needed resources, services and supports. The FGDM meeting has proven to be an effective tool in engaging families and extended families and in enabling the Division to identify relatives who may be able to care of the child if they are not able to return home.

FGDM meetings also promote timely permanency by identifying extended family supports and placement options early on in the case. FGDM meetings are offered to all families whose children enter care unless the parents decline or there is a valid reason not to offer one. FGDM meetings were discussed in more detail in previous sections of this state assessment.

Many areas are utilizing the FGDM meeting earlier in a case. Child protection specialists have reported that families tend to be less adversarial and more engaged in making positive change when they have been engaged earlier on. Early FGDM meetings have been reported as having a generally positive effect on the family's progress through the system.

In Flathead County, the local office recently instituted a variation of the FGDM meeting, called the **Family Identification Meeting**. These meetings are held each week and provide an opportunity for families new to the system to identify possible extended family support and placement options. Data is not yet available as to the impact that these meetings are having on achieving timely permanent placements as the meetings have only been in place a couple months. However, anecdotally, Division staff have reported that the Family Identification Meetings have provided a forum for family systems to be engaged within the first weeks of placement, which families have received very well.

Child Protection Teams (CPT) meetings also serve to assess the needs of families, formulate and monitor the family's treatment plan and coordinate community services for the family. CPT meetings may discuss foster care cases but can also review and discuss cases where children in the community have been identified as at risk in an effort to prevent the family from entering the system. CPT meetings are held in most counties throughout the state and include the child protection specialist, a member of a local

law enforcement agency, the county attorney or their designee, a medical professional, a public school system representative and a person knowledgeable of Indian culture and family matters in the case of an Indian child. Other members may include mental health professionals, the child's Court Appointed Special Advocate, and the child's Guardian ad Litem.

The Montana Child Welfare System **Survey** revealed that 64.4% of respondents agreed or mostly agreed that services provided while the child remains in the home are available and effective in their area of the state. 22.2% disagreed or strongly disagreed while 13.5% had no opinion or did not respond. When asked whether appropriate services were available in their area to assist the family in establishing and maintaining a safe home environment, 50.2% responded that the services were available. 20.4% responded that only a small spectrum of services are available while 13.5% responded that the services exist but families are often put on a waiting list. 7.3% noted that families must travel long distances to obtain services, 7.6% did not respond and only 1.1% stated that services were not available in their area.

When asked what services were lacking in their area, the most common responses were more parenting assistance resources (classes, education, mentoring, etc.), in-home/reunification services, and mental health services (counseling, specialized providers, treatment options, psychiatric care, crisis services, dual diagnosis services, etc.). The second most common responses were chemical dependency services (long-term treatment, evaluations, treatment options, youth treatment facilities, parent/child treatment facilities, etc.) and more placement options for youth (foster homes, therapeutic foster homes, emergency placements, shelter care, group homes, etc.). Other responses indicated that some areas have a need for more culturally appropriate services (Native American services in non-Native communities, Native American foster homes, African-American, Asian, European and Russian services, etc.), transportation services, primary prevention services, sex offender treatment options, more child protection workers, services for those that are above poverty level and independent living services.

A promising practice Cascade County uses is a specialized "**Intensive Services Unit**" that was developed to assist at-risk families in preventing the removal of their child. Case workers carry a reduced caseload so that they can provide more intensive oversight and expedite services to the family. FGDM meetings are held in these cases upfront, at the very beginning. 74 families were served within the first 16 months of the unit being developed. Preliminary data, although fairly limited at this time, has shown that reunifications have occurred more quickly in these cases and that families are maintaining well. Division staff report that the increased ability to spend more time with the family has resulted in improved relationships and trust-building with the family, which leads to better engagement in the services being provided. Staff also report that primary to the success of this unit has been the existence of positive working relationships with community mental health and chemical dependency providers.

Policy requires that **Permanency Planning Teams** meet to monitor the movement toward permanent placement for children. The team includes the social worker and supervisor, the permanency planning specialist, and the family resource specialist who work together to achieve timely permanency for the child. Both in-state and out-of-state permanent placement options are identified and considered and the child must be consulted, in an age-appropriate manner, regarding the proposed permanency or transition plan. A transition plan is put into place and this plan must be presented to the court at the 12 month permanency hearing.

The position of the **Permanency Planning Specialist located in every region** of the state has provided insurance that services are available statewide for children waiting for permanency. When homes are not available in their region, the child's information is circulated to all other regions and out-of-state. The PPS assists staff in focusing on permanency planning from the beginning of a case and timely progress toward permanency. They provide post adoption services upon referral and collaborate with other

agencies to locate funding sources. Data reports are available to assist PPS staff in identifying children legally free for adoption without an identified adoptive family.

Post-adoption services are available to families who adopt children through the Division and may include referral to local service agencies, therapists, mentoring programs, support groups and respite resources. Adoption subsidies may be re-negotiated to assist an adoptive family in meeting their child's needs. The Division may collaborate with the Kids' Management Authority (KMA) or the Medicaid Children's Mental Health Program to coordinate funding for **mental health services**. Post-adoptive services may also include funding from the Safe and Stable Families funds if necessary to stabilize or maintain an adoptive placement at risk of disruption or dissolution.

Since the last CFSR, the agency formed a **permanency workgroup**. The permanency workgroup developed and presented tools to support permanency efforts, including a permanency checklist for supervisors to use in permanency staffings and a list of resources for conducting a diligent search. Documentation of diligent efforts to achieve permanency through FGDM meetings and permanency planning meetings has become more standardized since the last CFSR.

In addition, Montana's participation in the Region VIII Breakthrough Series Collaborative on Permanency for Older Youth and agency management focus on **permanency for older youth** have resulted in increased efforts to secure permanent placements for older youth. In some areas, staff have been designated to carry a specialized caseload of older youth, such that they can focus on providing services and developing permanency options specific to older youth. In addition, recruitment efforts have included targeted strategies to locate placements for older youth and emphasis has been placed on including youth more in decision-making. Youth age16 and older are referred to the Montana Foster Care Independence Program through which they can receive services to assist them in preparing for adulthood. Policy requires that a transitional living plan, TLP, a written document that is a part of the overall case plan for youth, be developed with youth 16 and older. The TLP identifies the best possible permanency plan for the youth as well as the programs and services which are needed to assist the youth in making the transition from foster care to self-sufficiency.

One **promising practice** is **Youth-Centered Meetings**, which were developed recently in an attempt to better engage older youth who are about to leave the foster care system in planning for their future and to facilitate permanency after leaving foster care. Meetings are supportive in nature and assist the youth in identifying and developing their goals and plans for adulthood and in identifying persons who are important in their life, including permanent connections and supports. Youth are encouraged to invite anyone identified as a support to include birth parents, foster parents, extended family, friends, service providers, school personnel, the child protection specialist, the Guardian ad Litem, etc. Family Group Decision Making Coordinators organize and facilitate the meetings. Youth-centered meetings were first implemented in May, 2007. Since that time, there have been 37 youth centered meetings held statewide; two in Region 1, nine in Region 2, two in Region 3 (held for youth from Region 5), thirteen in Region 4 and eleven in Region 5. Several youth-centered meetings are already scheduled for 2008. Response to youth centered meetings has been fairly positive so far, although they are still fairly new.

Item 36: Service Accessibility. *Are the services in item 35 accessible to families and children in all political jurisdictions covered in the State's CFSP?*

Statewide, the array of services available is sufficient to assist families. Family Group Decision-Making meetings (FGDM), Child Protection Team (CPT) meetings and Permanency Team Meetings are available throughout the state. Permanency Planning Specialists are available in every region and county and assist in identifying permanency options for all children in care.

The division contracts with 16 In-home/reunification Services providers statewide. The services are available in most areas, although the types of services offered vary somewhat from one area to another. In areas where there are no contracted in-home/reunification services, CFSD staff provide the service. CFSD also contracts with 21 providers who offer domestic violence services. Independent living services have been offered through only one contract, but beginning April 1, 2008, these services will be provided in-house by CFSD staff in order to better ensure the services are available statewide.

Despite geographic and distance barriers in rural communities, Division staff prioritize services such as parent-child visitations and make diligent efforts, often driving many hours a week to facilitate these visits.

Item 37: Individualizing Services. *Can the services in item 35 be individualized to meet the unique needs of children and families served by the agency?*

Each child in the custody of the State of Montana is required to have an **individual case plan.** The form used by CFSD staff requires the Child Protection Specialist to develop the individual case plan with the parent(s) or guardian of the child unless they are unwilling or unable to participate in its development. The case plan addresses the child's safety and well-being by describing the appropriateness of the placement; listing the specific physical, mental health and emotional needs of the child and the services provided to address those needs and the services being provided to the foster parents in order to assist them in appropriately meeting the child's needs. The last section of the case plan addresses the specific plan for Permanency. The child's case plan is reviewed every six months by a local Foster Care Review Committee and Permanency Hearings are held annually. Services offered to the child and birth family include individual, group, and family counseling; substance abuse treatment; mental health services; assistance to address domestic violence issues and intensive visitation services.

In addition, **Family Group Decision Making (FGDM) meetings are being used to identify individual strengths and concerns** regarding each parent resulting in service plans developed or modified to address child safety issues and other concerns identified at the meeting. The plans are reviewed at follow-up FGDM's and modified as needed. Parents are offered a Family Group Decision-making Meeting in all open cases within the first 90 days of opening a case regardless of whether the children have been placed out-of-home. CFSD Policy also "strongly recommends" the use of Family Group Making-making in ICWA cases.

Policy is reflected in practice by an expanding utilization of FGDM meetings. **Current practice** encourages immediate and extended family participation in all FGDM meetings. Such participation has opened the door for more culturally relevant treatment approaches particularly with ICWA cases. A Family Group Decision-making Meeting assists the Child Protection Specialist to identify culturally appropriate placement options for the child(ren) and to demonstrate the efforts of Child Protection Specialist efforts to maintain ICWA compliance.

A strength demonstrated by Child and Family Services is reflected in the recently negotiated **Title IV-E foster care contracts with Montana's tribes**. The contracts **expand each tribe's ability** to develop their own culturally relevant Family Group Decision Making (FGDM) services by providing a portion of the funding needed for these positions. The decision to provide funding for FGDM was a direct outcome of discussions that occurred during the tribal/state negotiations. All of the tribes requested this service be more readily available and more focused on individual issues of each tribal family attending the meetings. This was also consistent with comments made by Native staff in the Montana Child Welfare System Survey questionnaire, called for more culturally appropriate services for Native youth and families. Similar comments were made by tribal staff at other tribal/state meetings during the past year.

Another program that positively impacts Montana's tribes is the **Montana Foster Care Independence Program** (MFCIP). This program **serves all youth 16 and older who are currently under the care and custody of Child and Family Services, Montana Indian tribes, and the Bureau of Indian Affairs.** CFSD has contracted with four Indian tribes; Blackfeet, Confederated Salish and Kootenai, Northern Cheyenne, and Chippewa/Cree, to serve Native youth on their reservations. The Chippewa/Cree contract also serves the Gros Ventre and Assiniboine tribes of the Fort Belknap Reservation.

Policy requires that a **Transitional Living Plan** (TLP), be developed with youth 16 and older. The TLP is a written document that is a part of the overall case plan for a youth. The TLP identifies best possible permanency plan for the youth as well as the programs and services which are needed to assist the youth in making the transition from foster care to self-sufficiency.

Developing practices that could positively impact the agency's ability to individualize services include the work of Janyce Fenton and developing strategies for foster care recruitment of Native American parents. Janyce Fenton, a staff member of the **National Resource Center for Family-Centered Practice** and Permanency Planning has started a process of training CFSD staff on "family engagement". The goal is to put greater emphasis on building trust and a positive working relationship with families in the CPS system. This includes an emphasis on obtaining and utilizing family input. The emphasis is on an individualized "Family Centered" approach services to meet the needs of the specific family. The family becomes a partner in working for permanency for the children involved either through motivating the family to work for reunification or another form of permanency for their children. Janyce has provide training to CFSD supervisor's and plans to meet with other CFSD staff in 2008. The goal is for staff to have a similar orientation and foundation for working with families, who have children in the state foster care system, to develop and implement individualized plans in which the family has contributed ideas and made decisions about what that plan should be. Practice would be Family Centered with case plans for change and services customized for each family.

Targeted recruitment of Native American families may increase the number of available Native families who could serve to better meet the individual needs of the Native children in care. Of the 364 respondents in a recent survey of foster parents, conducted for CFSD by the University of Montana, 306 or 84%, classified them selves as White/Caucasian while only 49 or 11% classified themselves as American Indian/Alaskan Native or of mixed ethnicity.

The **need for appropriate placement of Indian children remains high**, particularly for those children in state custody who are subject to the requirements of the Indian Child Welfare Act. A review of recent statistics extracted from our information system, indicates 1663 children in State District Court or Tribal Court custody. A total of 627 Indian children were in placement through District or Tribal Court. 310 of these children were in the custody of the state; 317 of the children were in the custody of Tribal Courts. The overall percentage of Indian children in care has varied little since 2002 when 34.2% of 1925 children in care were Indian, averaging about 35% between 2002 and the present. This total percentage

includes the children under the jurisdiction of Tribal Court for whom the State makes the foster care payment under Title IV-E contract agreements.

At a recent Foster Parent Recruitment and Retention committee meeting there was discussion of **possible strategies** that could be utilized **to increase the number of Native foster families**. Strategies included collaborative recruitment efforts with other agencies that serve NA children, such as In-Care, and New Day in Billings, Urban Indian Centers including the Missoula Indian Center, Helena Indian Alliance, the North American Indian Alliance in Butte, Indian Centers in Great Falls and Billings as well as tribal social services programs. Joint efforts at recruiting exist in Billings and Helena areas, but an effort to coordinate state-wide is needed.

Another **developing practice that could positively impact the agency's ability to individualize services** for older youth has been the addition of Youth-Centered Meetings. They are described by FGDM Coordinators as an "off-shoot" of FGDM meetings for older youth. They were created in order to get more buy-in, feedback and participation from older youth regarding their case plan and permanency options. The purpose is to better engage older youth, who are about to leave the foster care system, in planning for their future. Meetings are supportive in nature and assist the youth in identifying and developing their goals and plans for adulthood and in identifying persons who are important in their life, including permanent connections and supports. Youth are encouraged to invite anyone identified as a support including birth parents, foster parents, extended family, friends, service providers, school personnel, the child protection specialist, the guardian ad litem, CASA workers, etc. Family Group Decision Making Coordinators organize and facilitate the meetings.

Youth-centered meetings were first implemented in May, 2007. Since that time, there have been 37 youth centered meetings held statewide. Several meetings have already scheduled for 2008.

Barriers that could impede improved individualized services include the size and diversity of social worker caseloads, the ability to immediately identify Native children, as well as the ability of CFSD staff to adapt their practice to be more family-centered and culturally relevant. Another challenge could be in obtaining meaningful tribal staff input regarding case planning for ICWA cases in which a tribe has intervened.

E. Agency Responsiveness to the Community

Item 38: State Engagement in Consultation With Stakeholders. *In implementing the provisions of the CFSP, does the State engage in ongoing consultation with tribal representatives, consumers, service providers, foster care providers, the juvenile court, and other public and private child- and family-serving agencies, and include the major concerns of these representatives in the goals and objectives of the CFSP?*

As demonstrated throughout this document, working with stakeholders at all levels is an ongoing activity in communities throughout the state. The Child and Family Services Division stays current with Montana's changing needs through the advice and guidance of **one state and several local advisory councils**. Council members participate in planning activities and help the division to assess community needs and educate the public. Council members represent state and local governments, Indian child welfare issues, child and family issues, education, health services, prevention and treatment services providers, the courts and legal system, the geographical area served, and youth.

Local and state advisory councils are a consistent 'high-level' resource for the agency, but collaboration on the 'ground-level' is perhaps even more pervasive. Many of our **staff,** at both state and local levels, **are members of committees or planning boards**, such as the Alliance for Drug Endangered Children; School Readiness Task Force; Oral Health Alliance; local KMA core groups (Systems of Care); Children of Incarcerated Parents; Family Outreach (services to individuals with disabilities); Fetal, Infant, and Child Mortality Review (FICMR) teams; Children's Trust Fund Leadership Summit on the Protection of Children; Court Improvement Program Advisory Committee; and others. Participation on these committees/boards helps to keep the agency abreast of what stakeholder partners are doing and helps to coordinate our CFSP with plans of other entities who also work to improve outcomes for children.

CFSD's annual **Child Abuse/Neglect Conference includes** foster parents, in-home/reunification services providers, the CASA Director, and Court Improvement Program representatives on its planning committee. CFSD staff attend the annual Montana State Foster/Adoptive Parent Association meetings and confer with foster parents and foster youth at their annual meeting.

After each Legislative session, the **Division Administrator collaborates with Department attorneys** to write a desk book containing new statute and practice for District Court Judges and County Attorneys. A Met Net is presented by the CFSD Administrator with Department attorneys across Montana and CLEs are made available for participants. The Desk Book and Met Net are presented in late September following every legislative session.

Montana CFSD has made great strides in **collaborating with the Courts**. Two Leadership Summits have been held since the first CFSR, one in August 2006 and one in August 2007. The Legal Summit is a 2-day facilitated, structured meeting with the objective of improving outcomes for children through better communication and understanding between the Court system and the Child Protection system. It was such a success in 2006 that it was repeated in 2007 and is now scheduled to be held every 2 years, indefinitely. Many areas around the State have realized improved relations with the courts as a result of the legal summits.

Each summit was attended by approximately 180 people, including Supreme Court justices, district court judges and court personnel, defense and prosecuting attorneys, guardians ad litem, CASA program directors and agency staff. Cross-training was held on a number of topics dealing with dependency law, practice and identified issues. Evaluations from both Summits indicated both were very successful in bringing everyone together to tackle difficult issues in the child abuse and neglect arena. Regional working groups were formed and identified current issues in each specific geographical area. The Montana Supreme Court Administrator's Office followed through with the Chief Justices' commitment to doing follow up with each group, asking for updates to the work plans and offering assistance. Here are some of the outcomes achieved:

- Montana Supreme Court decreased the time allowed to file appeals in dependency cases from sixty to thirty days;
- A new accountability court is operating in the 11th Judicial District;
- Pictures of children are in their case files in the 11th Judicial District;
- Court dockets in several judicial districts are now time specific for each case rather than the "cattle call" scheduling method previously used;
- Establishment of an Accountability Court and a Family Court in the 4th Judicial District;
- Commitment from First STEP to conduct the initial medical assessment for children placed into foster care in the 4th Judicial District;
- Formation of community partnerships to improve outcomes for children in several judicial districts;

- Many of the courts have made changes in their dependency cases, from having new policies on continuances being granted to drafting more case specific treatment plans and setting additional status hearings to monitor case progress.

Court Improvement Program staff participate in the CFSD peer case file reviews held in Helena. Regional/working groups created during the Leadership Summits continue to meet regularly (varies by regional work plan) to review progress, identify new barriers to permanency and safety, and implement corrective actions.

Locally, CFSD management meet on a frequent basis, especially in Billings and Lewistown, **with Judges and County Attorneys** to improve communications and working relationships through a better understanding of the challenges faced by each. CFSD staff work closely with the four family drug courts in assisting with the cost of and helping to secure needed services for clients, such as drug and alcohol testing, visitation, respite care, children's therapy and transportation.

After the 2002 CFSR, CFSD made changes to strengthen the communication and collaboration between **In-home/reunification contractors** and field offices. Previously contractors, providing services to children who remained in their home, had very minimal contact with CFSD on the case management for these families. CFSD policy related to collaborative efforts between contractors and CFSD child services specialists now requires that the in-home/reunification services home visitor and the in-home/reunification services supervisor regularly review individual case progress on each family being served and, if it is an open case, consult with the child protection specialist on possible revisions to the Family Services Plan. The CFSD referral form (Form CFS 050) allows for child protection specialists to determine the frequency, intensity, and content of the updates on each family's progress and response to in-home/reunification services. Policy recommends that there be a joint meeting monthly with child protection specialists and In-home/reunification Service contractors to staff cases.

CFSD's collaboration with these and other contractors continues to evolve. The Program Bureau is in the process of developing the Contracts and Grants Unit which will oversee many of the contracts monitored by CFSD. Staff from this Unit will travel to local communities and conduct face-to-face site visits with each contractor at least once each year. A number of these site visits have already taken place with the In-home/reunification Services contractors and it anticipated that all In-home/reunification services contractors will be visited by April 2008. In addition to these face-to-face site visits, all of the In-home/reunification contractors meet annually with agency staff in conjunction with the State's Child Abuse & Neglect Conference in April. During this meeting CFSD discusses potential changes in contract language and the funding used in the contracts. Also CFSD solicits contractor input from the contractors in identifying and resolving issues they experience in their work.

As mentioned throughout this document, CFSD continues to work diligently to develop collaborative and meaningful partnerships with the **Tribal governments** in the State. Montana is often cited as a national leader in this regard. A promising approach in keeping these partnerships moving forward is the Governor's mandate that all Tribal/State relations be held on a government-to-government basis. This resulted in the Governor's office and the Tribal leadership from each Reservation taking a very active role in the negotiation process of the current Title IV-E agreements. This approach enabled the current agreements to not only address issues specific to federal requirements regarding the use of Title IV-E funds, but issues of importance to the Tribes such as tribal sovereignty are also addressed very specifically in these agreements. As mentioned earlier, Tribe Social Services are now funded to conduct FGDM meetings. (see Item 40 for more detail on communication with Tribes)

Montana was one of the first in the country to enter into Tribal Title IV-E agreements and we believe the Title IV-E stipend contracts developed with the Confederated Salish/ Kootenai Tribes and the Crow Tribes may be some of the first of their kind in the country.

Item 39: Agency Annual Reports Pursuant to the CFSP. *Does the agency develop, in consultation with these representatives, annual reports of progress and services delivered pursuant to the CFSP*

The statewide Child and Family Services Advisory Council acts as Montana's Citizen Review Panel (CRP), as required by the Child Abuse Prevention and Treatment Act (CAPTA). Presently, the **State Advisory Council** is composed of 20 volunteer members who represent a broad spectrum of the communities in which they live and, among other things, have expertise in the prevention and treatment of child abuse and neglect. Membership of this council is comprised of the chair of each local advisory council, legislators, attorneys, the Executive Director of the Montana Chapter of the National Association of Social Workers, a CASA/prevention program representative, and a member of the Department Native American Advisory Council. The state council meets quarterly. A staff person for the Montana Court Assessment Project regularly attends these meetings.

CFSD is organized into five regions: Western, Southwest, North Central, South Central, and Eastern. Each region has at least one **local Family Services Advisory Council** that represents a diverse constituency. Because Montana's Eastern region is so large geographically, there are two local advisory councils in this area. The local councils meet quarterly to advise and make recommendations to the regions and to the State Advisory Council about child and family services' policy, procedures, need for services, gaps in services, the role of local community-based organizations, and a variety of issues for the Division.

The statewide Child and Family Services Advisory Council (FSAC) meets quarterly with the Division Administrator, the Management Team (which includes Regional Administrators and Bureau Chiefs from the Central Office), and other administrative staff as necessary. The **Council provides oversight and makes recommendations** on a variety of child protection issues in Montana spanning state and Federal legislation, budget, policy and practice. Other staff regularly attend the quarterly State Advisory Council meetings to report on special projects/ programs and issues in their area of expertise. In 2006, an important piece was added to their agenda. The council follows an actual CPS case from Intake to Permanency. The worker and supervisor assigned to the case present the case as a part of the regularly-scheduled council meeting. The case review activity enables the council to offer more informed recommendations to the Division on how to carry out the CPS mandates. Information received from the council is included, as appropriate, in the State's APSR, legislative committee reports and other reports generated by CFSD. In its capacity as the State Citizen Review Panel (CRP), the CAN Grant Manager assists and guides the work. Case reviews have become an ongoing and permanent activity of the CRP in Montana. The CRP began to follow a new case at the August 2007 meeting. The new case review involves a rural case.

Members of the **local FSAC's represent a cross section of community agencies**. The make-up of the local councils vary but local stakeholders often include: school staff, public health dept, child care providers, juvenile probation officers, foster care providers, children's mental health, tribal agencies, ministerial association, State legislators, CASA/GAL, children's services providers, county commissioners and law enforcement. Information from the local meetings is shared with the statewide FSAC. Regional Administrators meet on a regular basis with members of their local council and attend meetings regularly to gain information, advice and recommendations from representatives of their communities and surrounding service areas. Recommendations and feedback from these local council

website. In addition to this statewide committee there are also recruitment and retention teams in each region focusing on specific issues in each of the regions.

The **Recruitment and Retention Workgroup** developed several recruitment brochures and television PSAs. The statewide hotline (1-866-9FOSTER) was established to help families access information about how to become a foster or adoptive parent. Changes were made to the agency website, and email addresses (www.fostercare.mt.gov and www.adoption.mt.gov) were added to help inquiring families access information online. In May 2006, strategies for recruitment and retention were shared among FRS's at their annual training meeting. A foster parent survey was conducted in 2007 by the University of Montana at our agency's request, to assess recruitment and retention efforts.

There are **several efforts** being made currently in the realm of targeted recruitment. The Waiting Child Program airs on Montana CBS affiliates in Billings, Bozeman, Missoula, Great Falls, Helena, and Kalispell. The Waiting Child Program is shown once a month on the Sunday Night news, again the following morning during the morning news, and during the noon news. The program features a child or a sibling group that is available for adoption, but other types of recruitment efforts have been unsuccessful. The child(ren) that are featured typically are hard to place youth because they are a member of a sibling group, age, suffer from a serious medical or mental health issue, or suffer from some other type of special needs. This is funded by Wendy's Wonderful Kids and Wendy's of Montana. In addition, Lutheran Social Services employs three part-time staff in Billings, Missoula, and Helena under a grant from Wendy's of Montana and Wendy's Wonderful Kids to assist with targeted recruitment. Specifically, they have been mining files of youth in need of permanency looking for kin or others that have/had a relationship with the child and might be able to assist with permanency through adoption, guardianship, emotional/social support, or interdependent living resource. The Client Centered Meetings which are being facilitated by FGDM coordinators in every region can serve as a form of targeted recruitment as well. Current efforts are also being made to stream the Waiting Child Program from the DPHHS/CFSD website.

Targeted recruitment of Native American families may increase the number of available Native families who could serve to better meet the individual needs of the Native children in care. As mentioned earlier, of the 364 respondents in a recent survey of foster parents conducted for CFSD by the University of Montana, 306 or 84%, classified them selves as White/Caucasian while only 49 or 11% classified themselves as American Indian/Alaskan Native or of mixed ethnicity. At a recent Foster Parent Recruitment and Retention committee meeting there was discussion of possible strategies that could be utilized to increase the number of Native families. Targeted strategies would include collaborative recruitment efforts with other agencies that serve Indian children, such as In-Care and New Day in Billings, Urban Indian Centers including the Missoula Indian Center, Helena Indian Alliance, the North American Indian Alliance in Butte, Indian Centers in Great Falls and Billings as well as Tribal social services programs. One collaborative effort in Billings is "Forever Families". The In-Care and New Day programs, mentioned above, are part of this effort and could be helpful in the recruitment of more Indian families in Billings and the surrounding areas.

Another promising approach to increased recruitment of Native families is the second annual **"Children's Health and Wellness Pow-Wow" planned** for Great Falls planned for the spring of 2008. One of the goals of this event is to help in the recruitment of more Native American foster care and adoptive parents. It will be a coordinated effort of different agencies coming together for the health and wellness of Indian children and families. CFSD and the Indian Education Parent Committee for the Great Falls Public Schools are active collaborators in this event.

Item #45: State Use of Cross-Jurisdictional Resources for Permanent Placements. *Does the State have in place a process for the effective use of cross-jurisdictional resources to facilitate timely adoptive or permanent placements for waiting children?*

The State's **policy** (Section 603-1) requires that a child's social history be circulated within 30 days of the State receiving permanent legal custody if the child is not already in a permanent placement. The social history is circulated throughout the agency, to licensed private agencies, and to the appropriate Tribal agencies. If an appropriate family is not identified within 30 days after the circulation, the child is referred to the Permanency Planning Specialist to be listed on the Adopt-US-Kids Website. Children can also be featured on local television spots through the Montana Waiting Child program which is sponsored through Wendy's Wonderful Kids and there is also now a Wendy's Wonderful Kids recruiter housed at Catholic Social Services of Montana who can assist in locating adoptive homes.

The State uses its **Permanency Teams** to review the child's circumstances and monitor the actions taking place to identify a permanent placement for the child (Section 409-2). The Permanency Team is comprised of the child's Child Protection Specialist, Child Protection Specialist Supervisor, Family Resource Specialist or Family Resource Specialist Supervisor, and Permanency Planning Specialist. The Team is responsible for developing the most appropriate permanency plan for the child, setting time lines for the tasks required for completing the permanency plan, assigning responsibility to the Team members for completing the tasks, subsequently reviewing the progress made on the tasks, and making a final determination that permanency has been achieved.

Policy (Section 603-2) requires that **Selection Committees** are utilized to identify the most appropriate adoptive family for the child. The Selection Committee is comprised of the child's Child Protection Specialist, Child Protection Specialist Supervisor, Family Resource Specialist, Family Resource Specialist Supervisor, and Permanency Planning Specialist. A Tribal Social Services representative is also included if the child falls under the Indian Child Welfare Act. The Committee meets to review adoptive families submitted for consideration and then selects the family that it feels best meets the needs of the child. Policy requires that foster parents or other non-related families not be given preference over kin families based solely on the kin family residing in another state or jurisdiction.

To educate workers about these policies the State's Adoption Program Managers present a section on adoption at statewide **policy training sessions each year.** The training provided in 2007 featured a Power Point presentation about the Adopt-US-Kids program. Staff from Adopt-US-Kids also met with the State Permanency Planning Specialists, Adoption Program Managers, and the Interstate Compact on the Placement of Children (ICPC) Administrator this past year to discuss how to improve the State's use of this resource.

During the Federal Fiscal Years 2005-2007, a total of **655 adoptions were finalized** involving children in CFSD custody. Of these 53 (7%) were children placed in other states and 175 (27%) were children placed in another county or on a Reservation, for a total of 228 (34%) of the children placed in another jurisdiction. This is slightly lower than the 40% reported in the 2002 Statewide Assessment.

As part of the 2007 Policy Training the State Adoption Program Managers and ICPC Administrator discussed cross-jurisdictional placements with field staff to get input on what aspects are working and what are not. Staff expressed that use of the website and out-of-state adoptive placements are declining because more permanent families are being identified within the state. Some areas of the state report having lots of adoptive families available and waiting for placements.

Home studies on out-of-state families, particularly relatives, are being pursued through the ICPC and these families are being considered during Selection Committee meetings. During FFY 2007 Montana requested 234 home studies from other states, the bulk of these from California, Texas, Washington, and Wyoming. About a quarter of these requests (64) were adoptive home study requests.

Barriers to the placement of children through the ICPC include delays in getting studies completed and supervision opened by other states. During FFY 2007, ICPC home studies requested from other states for children in State of Montana custody took an average of 111 days from the date the home study was requested by the Montana ICPC office to the date the receiving state ICPC office approved or denied the placement.

Selection Committees also have expressed difficulty in the selection of out-of-state families because **home studies from other states can be less detailed**, making it harder to compare these families to Montana families and requiring that home study addendums be requested. Workers also often have not personally met or know the out-of-state placement like a worker would know the Montana family and have to place a lot of trust in the other state's assessment of the family
Collaborators in meeting this item include the Adopt-US-Kids program, Wendy's Wonderful Kids, the Tribes, private agencies, and other states who work with Montana in identifying and assessing families and supervising cross-jurisdictional placements.

Successes identified during Policy Training included doing a series of **successful transitions** with children being placed out-of-state. Title IV-B, Part II, funds are being used for transitions in some areas so families do not have to rely on post-finalization reimbursement from subsidy agreements. Also, one area of the state has developed a written transition plan which includes when, how long, and who will pay for the visits and then has both states' workers, the prospective adoptive family, and the current foster family sign the plan so everyone acknowledges and agrees to the plan before the transition starts.

Through the use of the **Adopt-US-Kids website**, families in other states have been located for a number of children who were harder to place due to medical or behavioral issues or being in a large sibling group. One county found placements for two siblings, who could not be placed together, with different families but in the same community so contact could be maintained. Also, Montana has worked with several states to provide effective post-adoptive services to help families who adopted children via Adopt-US-Kids to avoid disruption or dissolution of the adoptions.

Barriers identified about the use of websites and television spots to solicit adoptive families were concerns that this is "advertising" the child and that older children were unwilling to participate because of concerns that their peers would see the information. Children who are placed on the web site have to be prepared that a home may not be located through this avenue and to not blame themselves if this happens. Children can also be hesitant to leave their communities and be separated from siblings and extended family to live with a family in another state.

Also, some workers have a hard time giving up "ownership" of the case and have difficulty giving up control and letting other workers assess a family and provide supervision. Workers felt that interstate cases work best when a trusting relationship is developed with the worker in the other state and these workers treat the case as one of their own, not just an extra burden on their workload. Building this relationship can be difficult with the turn-over that is common in child welfare and with states in which foster care and adoption are in different units or offices and there are problem when cases are transferred between workers.

Interstate cases can also be more costly than in-state placements. The cost and staff time required to do transitions with families from another state was identified as a barrier. Problems with getting Medicaid opened in other states, especially in states which do not reciprocate for non-Title IV-E eligible children, and arranging for pre- and post-adoptive services with Medicaid providers were also mentioned. Montana has had to fund private insurance for families in states in which the child does not qualify for Adoption Assistance Medicaid. Montana has also had to pay some high supervision fees for families located through Adopt-US-Kids who already had home studies completed through private agencies.

1. *Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily strengths, citing the basis for the determination.*

Safety Outcome 1: Children are, first and foremost, protected from abuse and neglect.

a) **Absence of Maltreatment Recurrence:** Based on several years of data profiles, Montana meets or exceeds the national standard on this data element. For the period under review, Montana scored 95.7% on absence of maltreatment recurrence and 99.81% on absence of abuse in foster care; both scores exceed the standard. The Safety Assessment form developed and implemented subsequent to the last CFSR has added to our strength in this area.

Permanency Outcome 1: Children have permanency and stability in their living situations

b) **Stability of Foster Care Placement**: Although we recognize room for improvement, Montana has repeatedly passed the measurement for placement stability when measured against the national standard. In-state case file reviews support this. Policy directs the worker to seek as stable a placement as possible for the child and encourages placement with relatives. FGDM meetings, offered to all families, assist in finding suitable kin placements.

c) **Timely Adoption**: Montana ranked 3rd out of 47 states on this measure and scored well above the national standard. During FFY2007, 248 adoptions were finalized. As demonstrated in the narrative, many tools are in place to assist workers in finding adoptive families for eligible children.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

d) **Identifying Relative Placement:** Case file reviews indicate 70% strength in finding relative placement settings for children in care. Over the past 3 years, an average of 25% of total placements were relative placements. In SFY 2007, 7% of children exiting care were placed with a non-custodial parent; 15% were placed with a relative; 47% were returned home for a total of 69% of children exiting care to a relative placement. Family Identification Meetings and/or Family Group Decision Making meetings are a key factor in identifying relative placements.

Well-Being Outcome 1: Families have enhanced capacity to provide for their Children's Needs.

e) **Involving Parents and Children in the Case Planning Process:** Based on case file reviews and management team reports, Montana has realized significant improvement in this area. Safety forms, placement forms, permanency forms all encourage participation by parents and children. Involvement begins with the FGDM meeting which encourages them to participate in their plan. Older children are also encouraged to participate in youth centered meetings.

Systemic Factor C: Quality Assurance System

f) Montana developed and implemented a peer case file review system after the last CFSR. When the new CFSR onsite review tool was released, Montana adapted the new tool to better suit our needs. We now have 3 years worth of data to assist in identifying areas of strength and areas needing improvement. Workers and supervisors participate and learn from performing the reviews. Outcome data has been standardized and is shared

statewide so that every region knows how they perform compared to other regions and to the state overall. The case file reviews have initiated a significant change in performance, especially related to documentation.

Another tool used by managers is the Results Oriented Management (ROM) system. This system receives a weekly 'dump' of CAPS data and displays it in a manner that allows managers to monitor trends and to identify anomalies in real time. Drop down lists of reports, cases, workers, etc., enable the manager to pinpoint fairly accurately when and where weaknesses occur.

Systemic Factor D: Staff and Provider Training

g) Training is viewed as a strength in all areas. Initial and ongoing training is in place for both staff and providers. Including stakeholders in annual and periodic trainings, such as the Child/Abuse Neglect conference, Legal Summit, Foster/Adoptive Parent conference, ICWA conference, forensic training, and many others, not only strengthens working relationships but also serves to strengthen services and ultimately to improve outcomes for children.

2. ***Determine and document which of the seven outcomes and systemic factors examined during the Statewide Assessment are primarily areas needing improvement, citing the basis for the determination. Identify those areas needing improvement that the State would like to examine more closely during the onsite review, for example, to explore possible causal factors. Prioritize the list of areas needing improvement under the safety, permanency, and well-being outcomes.***

Safety Outcome 2: Children are safely maintained in their homes whenever possible and appropriate.

a) As a result of the PIP, Montana developed many tools for risk assessment and safety management. Although the tools are in place to document both initial and ongoing assessment, peer case review data clearly indicates a weakness in completing or documenting initial or ongoing assessments in both in-home/reunification and foster care cases. Consideration needs to be given as to whether this might be related to a need for additional training (though use of the forms has been trained extensively), a need for closer supervision until the practice becomes institutionalized, or perhaps improvement in the forms to facilitate their use.

Permanency Outcome 1: Children have permanency and stability in their living situations.

b) Montana consistently scores low in preventing re-entry into foster care, especially for children returned home within a 12-month period. Research of cases where this occurred did not reveal a common thread as to reasons for this apparent weakness. Data entry still appears to be a problem since some workers were still found to be entering Trial Home Visits and Runaways as exits from care. Voluntary placements come into play – possibly these should be entered differently on the SACWIS system than are court-ordered placements. In many cases, re-entry is due to substance abuse relapse by the caregiver.

As noted in the narrative, there is speculation that because numbers are small in Montana, the percentages become skewed by families with multiple children in placement. Further research is needed to determine how large an impact sibling groups have on the data profile measure.

c) Montana also consistently scores low on Composite 3: Permanency for Children and Youth in Foster Care for Long Periods of Time. A planned permanent living arrangement is often determined to be the most appropriate permanent placement option. Children over age 12 comprise approximately 1/3 of the foster care population and a large number of children in placement are Native American--this may contribute to low scores on this measure. Many of these children return home when they age out or they stay with their foster family. Children with very specialized needs remain in some form of residential care. Assistance is needed if Montana is to improve their score on this measure.

Permanency Outcome 2: The continuity of family relationships and connections is preserved for children.

d) During our PIP, Montana's baseline measure for planning and facilitating visitation with parents and siblings in foster care was 36%. Though we have improved considerably since that time, there is still need for improvement. The form developed to track parent-child interactions has been found to be cumbersome and ineffective. The obvious result is that the form is not being used and no tracking of visitations occurs. The geographic size and rural nature of our state adds to the difficulty of achieving parent-child visits—even the nearest placement may be many miles from the parent's home.

Well-Being Outcome 1: Families have enhanced capacity to provide for their children's needs.

e) Though policy requires face-to-face caseworker visits with children, this is clearly an area needing improvement. Obtaining data to establish our baseline for face-to-face visits in the child's residence was difficult since there was not a designated place on the CAPS system to enter this information. Applying the new federal caseworker visitation requirements, baseline data indicated only 2% of children in care were visited monthly at their residence. We now have a code on the ACTD screen which enables workers to document the visit has taken place and the frequency of visits is being monitored. The CFSR will help to identify where improvements would be most effective to improve this practice.

f) Likewise, conducting face-to-face visits with parents of children in care is clearly an area needing improvement. Though we have initiated some changes in practice and in documentation of visits, it is hoped the CFSR will assist in identifying areas in which improvement can be realized.

Systemic Factor A. Statewide Information System

g) Although our state's information system meets most of the requirements of SACWIS, it is an antiquated system. Workers would be much more willing to enter data efficiently and in a timely manner if the system were easier to use. Accessing reports from the CAPS data has improved greatly, but still the reports must be requested and are not readily available through CAPS for use by supervisors. Subsequently, most supervisors have not established a habit of monitoring the work done by their staff, even though the addition of the ROM system has made this possible.

In 2007, the Legislature appropriated funds to develop a new system.

3) *Recommend two additional sites for the onsite review activities, using the strengths and areas needing improvement noted in 1 and 2 (the State's largest metropolitan area is a required location). Attempt to select sites in which the issues identified through the Statewide Assessment will be present and observable. Note the rationale for selecting these sites; if there are no issues that require further examination during the onsite review, explain which factors the State considered in site selection (for example, the need for a mix of rural and urban areas or for areas with typical practices). When making recommendations, the State should include all available data, including comparative data for the suggested sites in relation to statewide data, if available.*

In determining additional sites for review, population size and geographic area first had to be considered in order that there be sufficient case sample size for review and a realistic ability to conduct interviews. County performances from the data profile were then considered, as well as peer case file review data. The following possibilities for sites are listed in order of preference:

1. Missoula County (Missoula) – According to county performance data reported with the data profile, Missoula County fell below the 75th percentile in 13 of the 15 elements measured. The city of Missoula is an urban area with a fairly extensive array of services available to families. Staff and stakeholders (schools, in-home/reunification service providers, group homes, health care providers, mental health services, etc.) work together to improve outcomes for children. The Salish-Kootenai Reservation is located about 50 miles from Missoula, so they do experience a fairly large Native American caseload. The 'Follow the Child' health services program is located in Missoula County and is considered by most stakeholders (judging from community meetings and survey) and staff to be a model approach to the provision of health services for children.

2. Cascade County (Great Falls) – According to county performance data reported with the data profile, Cascade County fell below the 75th percentile in 9 of the 15 elements measured. Great Falls was selected because that region has, within the past year, initiated several new approaches to improving their ability to better meet the needs of families and children. These include, among other things, allowing one worker to carry the case from investigation through permanency (in other regions the investigating worker passes the case over to an ongoing worker); the creation of the Intensive Services Unit, and designating certain workers to carry a caseload of older youth. It would be advantageous to obtain an outside perspective on the strength of these new approaches.

3. Silverbow County (Butte) -- According to county performance data reported with the data profile, Silverbow County fell below the 75th percentile in 8 of the 15 elements measured. Butte was considered for several reasons. The court system there works very well with child protective cases. There are a high percentage of drug cases in the Butte area and it is one of only a few areas that have a 'drug court' separate from the District Court. Drug courts are becoming more and more prevalent but they are not yet established statewide. Also, in the Butte CFSD office, a specialized FTE position has been established to work with adjudicated children who remain in their homes after adjudication.

   The Butte site was eliminated, however, due to the small number of in-home/reunification services cases in that area.

4. Flathead County (Kalispell) –Kalispell was also considered and eliminated. According to county performance data reported with the data profile, Flathead County fell below the 75th percentile in 6 of the 15 elements measured. There is a good array of services there and a sufficient number of foster care cases, but there would not be a sufficient sample of in-home/reunification cases. Also, during the period under review, Kalispell experienced a serious shortage of staff, including a vacancy in the CPS Supervisor position; and for that reason, it was felt that a review of that period of time might not produce a true assessment of practice in that area.

*4) **Provide comments about the State's experience with the Statewide Assessment Instrument and process. This information will assist the Children's Bureau in continually enhancing the Child and Family Services Review (CFSR) procedures and instruments.***

The Statewide Assessment process is well organized. It's a very time consuming, tedious process, but there is obvious value to the State in that it provides such a comprehensive look at the child welfare system. Frustration remains around outside entities that child protective services is reliant upon in order to provide valuable services and to meet timelines, but over which they have no control.

Assistance with data issues is valuable and appreciated. It would be interesting though to have someone research the effect of comparing percentages from states with small populations (e.g. the percentage of re-entries of children returned home within 12 months) to states with very large populations. A measure different from a straight percentage might produce a more accurate comparison especially where there are a large number of multiple sibling families.

One last comment, the page limit requirement seems unreasonable when assessing so many different practice areas.

*5) **Provide the names and affiliations of the individuals who participated in the Statewide Assessment process; please also note their roles in the process.***

NAME	AFFILIATION	LOCATION	ROLE
Boyle, Cinna	Addiction Counselor	Miles City	Concerned Stakeholder
Bullen, Charlene	Adoptive Parent	Hi-Line	Concerned Stakeholder
Domph, Melody	Adoptive Parent	Kalispell	Concerned Stakeholder
Lee, Ann	Adoptive/Foster Parent	Scobey	Local Advisory Council
Llewellyn, Pat	Adoptive/Foster Parent	Missoula	Concerned Stakeholder
Richey, Richard/Kristi	Adoptive/Foster Parent	Missoula	Concerned Stakeholder
Bovingdon, Peter	Attorney	Helena	State Advisory Council
Crum, Darcy	Attorney	Great Falls	Local Advisory Council
Schwickert, Randy	Attorney	Whitefish	Local/State Advisory Council
Bond, Loraine	Big Brothers/Sisters	Missoula	Concerned Stakeholder
Banghart, Carol	CASA	Lake County	Local Advisory Council
Banghart, Richard	CASA	Lake County	Local Advisory Council
Folkwein, Shirley	CASA	Billings	Concerned Stakeholder
Hanson-Parker, Sheri	CASA	Miles City	Local Advisory Council

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NAME	AFFILIATION	LOCATION	ROLE
Trenka, Amber	CASA / FCRC	Miles City	Concerned Stakeholder
Bush, Ellen	CASA Director	Helena	State Advisory Council
Hageman, Heather	CCDHS Counselor	Miles City	Concerned Stakeholder
Neary, Ann	CCDHS Counselor	Miles City	Concerned Stakeholder
Albert, Kris	Chemical Dependency	Miles City	Concerned Stakeholder
Macfadden, Joan-Nell	Children's Advocate	Great Falls	Local Advisory Council
Toole, Dana	Children's Advocate	Helena	Local Advisory Council
Mariska, Joy	Citizen	Billings	State Advisory Council
Matthew-Jenkins,Kandi	Citizen	Missoula	Concerned Stakeholder
Fleming, Caroline	CNADA	Miles City	Local Advisory Council
Nielsen, Lureta	Community Incentive Program	Plentywood	Local Advisory Council
Barnes, Melody	Counselor	Missoula	Concerned Stakeholder
Fahlgren, Mary	Counselor	Hi-Line	Concerned Stakeholder
Florez, Katherine	Counselor	Missoula	Concerned Stakeholder
Garner, Dorothy	Counselor	Missoula	Concerned Stakeholder
Rothman, Mark	Counselor	Missoula	Concerned Stakeholder
Tururen, Julie	Counselor	Missoula	Concerned Stakeholder
Glade, Wyatt	County Attorney	Miles City	Local Advisory Council
Harrington, Corbit	County Attorney, Deputy	Billings	Concerned Stakeholder
Stuart, Gayle	County Attorney, Deputy	Billings	Concerned Stakeholder
Beltrone, Peggy	County Commissioner	Great Falls	Local Advisory Council
Brooker, Carol	County Commissioner	Sanders Co.	Local Advisory Council
Rafter, Sherri	Court Improvement	Helena	Court Improvement Program
Sedlock, Karen	Court Improvement	Helena	Court Improvement Program
Ward, Dave	Court Services	Billings	Concerned Stakeholder
Corbally, Sarah	CPU Attorney	Great Falls	Local Advisory Council
Nelson, Connie	Day Care Provider	Plentywood	Local Advisory Council
Bunke, Garry	Defense Attorney	Miles City	Local Advisory Council
Moll, Graydon	Disability Services	Lake County	Local Advisory Council
Anderson, Emilie	Education	Missoula	Concerned Stakeholder
Andrews, Tara	Education	Miles City	Local/State Advisory Council
Brady, Mary	Education	Hi-Line	Concerned Stakeholder
Burnham, Sheryl	Education	Hi-Line	Concerned Stakeholder
Moon, Marianne	Education	Missoula	Local/State Advisory Council
Wahl, Larry	Education	Scobey	Local Advisory Council
Wilkerson, Larry	Education	Miles City	Local Advisory Council
Ryan, Christina	Family Services	Kalispell	Concerned Stakeholder
Bartch, Dave	FCRC	Kalispell	Concerned Stakeholder
Eagle, Carol	FCRC	Missoula	Concerned Stakeholder
Berry, Corina	Foster Parent	Miles City	Concerned Stakeholder
Carlson, Linda	Foster Parent	Missoula	Concerned Stakeholder
Grob, Sandi	Foster Parent	Kalispell	Concerned Stakeholder
Marks, Nancy	Foster Parent	Townsend	Local/State Advisory Council
Mayberry, Ed	Foster Parent	Miles City	Concerned Stakeholder
Mears, Katherine	Foster Parent	Missoula	Concerned Stakeholder
Miller, Angel	Foster Parent	Kalispell	Concerned Stakeholder
Miller, Arvid	Foster Parent	Kalispell	Concerned Stakeholder

NAME	AFFILIATION	LOCATION	ROLE
Swanson, Sarah	Foster Parent	Hi-Line	Concerned Stakeholder
Swogger, Dave	Foster Parent	Miles City	Local Advisory Council
Torgerson, Tad	Foster Parent	Miles City	Local Advisory Council
Meyer, Debbie	Foster Parent (Kin)	Miles City	Concerned Stakeholder
Wheeler, Liz	Foster Parent (Kin)	Miles City	Concerned Stakeholder
Wheeler, Stan	Foster Parent (Kin)	Miles City	Concerned Stakeholder
Murray, Mensa	Foster Parent/Education	Kalispell	Concerned Stakeholder
Christofferson, Susan	Foster Parent/Prevention	Kalispell	Concerned Stakeholder
Holcomb, Wayne	Foster Parents	Kalispell	Concerned Stakeholder
Clague, Suzanne	GAL Attorney	Silver Bow Co	Local Advisory Council
Cuffe, Linsey	Group Home	Kalispell	Concerned Stakeholder
DeVoe, Linda	Group Home	Kalispell	Concerned Stakeholder
Thomas, Cynthia	Group Home	Kalispell	Concerned Stakeholder
Palin, Melody	Guardianship	Kalispell	Concerned Stakeholder
Deligdisch, Andree	HeadStart	Great Falls	Local/State Advisory Council
Best, Linda	Health	Deer Lodge	Local Advisory Council
Birr, Judith	Health	Missoula	Concerned Stakeholder
Broadbrooks, Mary Lou	Health	Malta	Local Advisory Council
Keaster, Carol	Health	Great Falls	Local Advisory Council
Liprenzi, Sally	Health	Missoula	Concerned Stakeholder
Penilee, Justin	Health	Kalispell	Concerned Stakeholder
Regel, Carol	Health	Missoula	Concerned Stakeholder
Richards, Wendy	Health	Miles City	Local Advisory Council
Schye, Brenda	Health	Fort Peck	Local/State Advisory Council
Thompson, Karla	Health	Valley Co.	Concerned Stakeholder
Schupp, Taffy	Health Case Manager	Billings	Concerned Stakeholder
Pauley, Nacona	Hospital Soc. Services	Miles City	Local Advisory Council
Beaucher, Mary	In-Home Services	Missoula	Concerned Stakeholder
Danforth, Sylvia	In-Home Services	Miles City	Local Advisory Council
Thorp, Marcia	In-Home Services	Kalispell	Concerned Stakeholder
Fleck, Julie	In-Home Services	Missoula	Local Advisory Council
Hogg, Barbara	In-Home Services	Billings	Concerned Stakeholder
Plummer-Alvernaz, T.	In-Home Services	Glasgow	Local Advisory Council
Sample, Barbara	In-Home Services	Billings	Concerned Stakeholder
Strommen, Janice	In-Home Services	Hi-Line	Concerned Stakeholder
Thompson, Rick	In-Home Services	Glasgow	Local Advisory Council
Phillips, E. Wayne	Judge	Lewistown	State Advisory Council
Flageness, Kindra	Juvenile Probation	Kalispell	Concerned Stakeholder
Sharkey-Know, Sandie	Juvenile Probation	Kalispell	Concerned Stakeholder
Ruitnez, Jeanse	Kinship	Kalispell	Concerned Stakeholder
Redman, Melanie	KMA – Mental Health	Billings	Concerned Stakeholder
Columbic, Doug	Law Enforcement	Miles City	Concerned Stakeholder
Fischer, Bryan	Law Enforcement	Helena	State Advisory Council
Beck, Bill	Legislator	Kalispell	Concerned Stakeholder
Clark, Edith	Legislator	Sweet Grass	State Advisory Council
O'Neil, Jerry	Legislator	Kalispell	Concerned Stakeholder
Schmidt, Trudi	Legislator	Great Falls	State Advisory Council

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NAME	AFFILIATION	LOCATION	ROLE
Smith, Frank	Legislator	Poplar	Local Advisory Council
Beley, Rochelle	Mental Health	Harlowton	Local/State Advisory Council
Bowman, Nancy	Mental Health	Hi-Line	Concerned Stakeholder
Buckley, Paula	Mental Health	Kalispell	Concerned Stakeholder
Erler, Cynthia	Mental Health	Missoula	Concerned Stakeholder
Feller, Michelle	Mental Health	Lewistown	Local/State Advisory Council
Kramer, Esther	Mental Health	Scobey	Local Advisory Council
Nyman, Leslie	Mental Health	Kalispell	Concerned Stakeholder
Wagenhals, Walt	Mental Health	Billings	Concerned Stakeholder
Roche, Brenda, Ph.D.	Neuro-psychologist	Billings	Concerned Stakeholder
Brown, Alan	Pastoral	Miles City	Local Advisory Council
Baldry, Teresa	PLUK	Miles City	Local Advisory Council
Arneson, Clint	Probation Officer	Ravalli Co.	Local Advisory Council
Hagness, Kindra	Probation Officer	Lincoln Co.	Local Advisory Council
Howard, Kelly	Psychiatric Counselor	Missoula	Concerned Stakeholder
Melby, Jane	Public	Wisdom	State Advisory Council
Birnbaum, Geoff	Residential Care	Missoula	Concerned Stakeholder
Byrne, Shawn	Residential Care	Billings	State Advisory Council
Burtell, Teresa	Residential Treatment	Billings	Concerned Stakeholder
Hamblin, Rick	Residential Treatment	Billings	Concerned Stakeholder
Wessill, Dr. John	Residential Treatment	Billings	Concerned Stakeholder
Nelson, Rosalee	Residential Treatment	Hi-Line	Concerned Stakeholder
Rummel, Brenda	Residential Treatment	Hi-Line	Concerned Stakeholder
Tiernan, Shirley	Retired CFSD	Missoula	Concerned Stakeholder
VanDenElzen, Lisa	School Psychologist	Missoula	Concerned Stakeholder
Woodruff, Sally	School Psychologist	Missoula	Concerned Stakeholder
Quelled, Brenda	Therapeutic Foster Care	Gallatin Co.	Local Advisory Council
Conway, Kala	Therapist	Missoula	Concerned Stakeholder
Rex, Loretta	Tribal - Blackfeet Tribe	Browning	State Advisory Council
McGeshick, Patty	Tribal - Ft Peck Tribe	Wolf Point	Local/State Advisory Council
Cantrell, Juanita	Tribal - Ft Peck Tribes	Hi-Line	Concerned Stakeholder
Standing, Sheila	Tribal - Ft Peck Tribes	Hi-Line	Concerned Stakeholder
Templer, Arlene	Tribal -Salish/Kootenai	Lake County	Local Advisory Council
Whiteman, Audrey	Tribal Soc. Services	Lame Deer	Local Advisory Council
Goll, Karen	University Student	Missoula	Concerned Stakeholder
Ronning, Leif	Youth Corrections	Miles City	Local Advisory Council
Walters, Ron	Youth Court	Billings	Concerned Stakeholder
Davis, Keith	Youth Programs	Kalispell	Concerned Stakeholder
Slattery, Kelly	YWCA	Missoula	Concerned Stakeholder